

WHAT WORKS IN CORRECTIONS?

**AN EXAMINATION OF THE EFFECTIVENESS OF THE TYPE OF
REHABILITATION PROGRAMS OFFERED BY
WASHINGTON STATE DEPARTMENT OF CORRECTIONS**

**REPORT TO THE STATE OF WASHINGTON LEGISLATURE
JOINT AUDIT AND REVIEW COMMITTEE**

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Submitted to:

State of Washington Legislature
Joint Legislative Audit and Review Committee

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WHAT WORKS IN CORRECTIONS? AN EXAMINATION OF THE EFFECTIVENESS OF THE TYPE OF REHABILITATION PROGRAMS OFFERED BY WASHINGTON STATE DEPARTMENT OF CORRECTIONS

ABSTRACT

In response to a request by the State of Washington Joint Legislative Audit and Review Committee, University of Maryland criminologists reviewed the research examining the effectiveness of twelve correctional program areas offered by the Washington Department of Corrections: programs for chemically-dependent offenders, sex offender treatment, cognitive skills and moral reconnection therapy, anger/stress management, victim awareness, life skills training, adult basic education, correctional industries, vocational education and training, and other work programs. The research included in the review examined the impact of correctional programming on recidivism. Conclusions about "What Works, What's Promising, What We Don't Know, and What Doesn't Work" were drawn on the basis of both assessment of the quality of the research design and the significance, direction, and size of the program effects. The report concluded:

What Works:

- In-Prison Therapeutic Communities With Follow-Up Community Treatment
- Cognitive Behavioral Therapy: Moral Reconnection Therapy and Reasoning and Rehabilitation
- Non-Prison Based Sex Offender Treatment Programs
- Vocational Education Programs
- Multi-Component Correctional Industry Programs
- Community Employment Programs

What's Promising:

- Prison-Based Sex Offender Treatment
- Adult Basic Education
- Transitional Programs Providing Individualized Employment Preparation and Services For High-Risk Offenders

What We Don't Know:

- Acupuncture Within Outpatient Substance Abuse Treatment Programs
- Intensity and Integrity of Substance Abuse Treatment Programs Receiving Referred Offenders
- Anger/Stress Management Programs
- Victim Awareness Programs
- Community Vocational Training Programs
- Success of Programs With Different Types of Sex Offenders
- Life Skills Training Programs
- Work Ethics, In-Prison Work Programs, Halfway Houses with Enhanced Services

What Doesn't Work:

- Increased Referral, Monitoring, and Management in the Community

CHAPTER 1

EVALUATION RESEARCH AND PROGRAM EFFECTIVENESS¹

I. REPORT OVERVIEW

As prison populations grow nationally and corrections makes up increasing proportions of state budgets, many jurisdictions are seeking to determine if their funds are being spent on programs that have some impact on participants criminal behavior. The federal government has also been interested in this question. In 1996, Congress required the Attorney General to provide a "comprehensive evaluation of the effectiveness" of over \$3 billion annually in Department of Justice (DOJ) grants to assist state and local criminal justice and community efforts to prevent crime. Congress required that the research included in the evaluation be "independent in nature," and "employ rigorous and scientifically recognized standards and methodologies." The Assistant Attorney General for the Office of Justice Programs asked the National Institute of Justice to commission an independent review of the relevant scientific literature, which exceeded 500 program outcome evaluations. The culmination of this effort was the publication of a more than 600 page report to Congress. The report entitled, "Preventing Crime: What Works, What Doesn't, What's Promising," authored by a number of faculty at the University of Maryland.² One chapter of the report evaluated the effectiveness of strategies and programs in courts and corrections.

The present report, modeled after the Maryland Report, was requested by the State of Washington Joint Legislative Audit and Review Committee. The report evaluates the effectiveness of correctional programs not examined in the earlier report. The goal of the project is to examine the effectiveness of the type of rehabilitation programs currently offered by the Washington State Department of Corrections (DOC). The DOC offers a variety of work and treatment programming in its institutions, pre-release and work release facilities, and in community corrections offices. This assessment focuses exclusively on specific correctional program areas offered by the DOC: programs for chemically-dependent offenders, sex offender treatment, cognitive skills and moral reconnection therapy, anger/stress management, victim awareness, life skills training, adult basic education, correctional industries, vocational education and training, and other work programs. Using the same approach as the Maryland Report, this report will assess the scientific rigor and findings of the program outcome evaluation literature in these twelve program areas. The project addresses the following questions:

¹ Portions of this chapter were taken from Sherman, Gottfredson, MacKenzie, Eck, Reuter, and Bushway (1997). Preventing Crime: What Works, What Doesn't, What's Promising. National Institute of Justice: Washington, DC.

² Maryland's Preventing Crime Report to Congress, as well as the present report to the State of Washington Legislature, are available on the Crime Prevention Effectiveness Program website at www.preventingcrime.org.

- What is known to be effective in adult correctional programming, particularly in the major categories of work, education, and treatment programs?
- What is known about the effectiveness of correctional programs or major program elements that are similar to those currently operating in Washington?

For each of the identified program areas, the report reviews the literature on the identified topic and provides a critical evaluation of the available research studies. The review and the evaluations examine the effectiveness of rehabilitation programs. Effectiveness is defined as the reduction of criminal activities in the community.

The evaluations of each study are based on the model used in the "What Works in Crime Prevention" report. Each study was evaluated and scored for scientific rigor. Within each topic area, the results of the evaluations are summarized in order to draw conclusions about: What works, what doesn't, what is promising and what we don't know. The topics selected for review and evaluation were identified in conjunction with members of the Washington State Joint Legislative Audit and Review Committee.

II. REHABILITATION AND TREATMENT

Our review of the correctional programs in this report must be understood within the context of research on rehabilitation and treatment. Rehabilitation strategies focus on changing individual offenders so they will not continue their criminal activities. The research goal is to identify and understand the individual differences that explain criminal behavior and how interventions can be used to change individuals so they will not continue to commit crimes. The work is based on psychological theories of learning, cognition and the general principles of human development applied to the analysis of illegal behavior (Andrews & Bonta, 1994). Research has focused on examining the components of programs that are effective in reducing recidivism.

Today, while there is still some debate about the effectiveness of rehabilitation (e.g., Lab & Whitehead, 1988; Whitehead & Lab, 1989) recent literature reviews and meta-analyses demonstrate that rehabilitation programs can effectively change offenders (Andrews & Bonta, 1994; Andrews et al., 1990; Palmer, 1975; Gendreau & Ross, 1979, 1987; Gendreau, 1981; Gendreau & Ross, 1979; 1981, 1987; Gottfredson, 1979; Cullen & Gilbert, 1982; Greenwood & Zimring 1985; Halleck & Witte, 1977; Van Voorhis, 1987). In general, most literature reviews show positive evidence of treatment effectiveness (Andrews et al., 1990). For example, in a series of literature reviews, the proportion of studies reporting positive evidence of treatment effectiveness varied from near 50 percent to 86 percent: 75 percent (Kirby, 1954), 59 percent (Bailey, 1966), 50 percent (Logan, 1972), 48 percent (Palmer's 1975 re-tabulation of studies reviewed by Martinson in 1974), 86 percent (Gendreau & Ross, 1979) and 47 percent (Lab & Whitehead, 1988). In reviewing these studies, Andrews and his colleagues (1990) conclude that "this pattern of results strongly supports exploration of the idea that some service programs are working with at least some offenders under some circumstances." The important issue is not whether something works but what works for whom.

Principles of Effective Treatment

Based upon the available evidence, some approaches to treatment are clearly better than others. Psychological researchers emphasize that effective treatment programs must follow some basic principles (Gendreau & Ross 1979, 1987; Cullen & Gendreau 1989). First, treatment must directly address characteristics that can be changed (dynamic) and that are directly associated with an individual's criminal behavior (criminogenic factors). There are numerous risk factors associated with criminal activity. Age, gender and early criminal involvement are some examples. In comparison to others, young males who began criminal activities at a young age are higher risks for future criminal activities. But these "static" characteristics such as age, gender and past history, while predictive of recidivism, cannot be changed in treatment. Instead, the "dynamic" or changeable factors should be the target of treatment programs.

Equally as important is the distinction between factors that are criminogenic and those that are not. Criminogenic factors are those that are directly associated with criminal behavior. Research has revealed some dynamic factors that are also criminogenic, i.e., attitudes, cognitions, behavior regarding employment, education, peers, authority, substance abuse and interpersonal relationships that are directly related to an individual's criminal behavior (Gendreau, Little, & Goggin, 1995). Less promising targets for reducing future criminal behavior include increasing self-esteem without touching antisocial propensity, or increasing the cohesiveness of antisocial peer groups. Treatment programs that target such non-criminogenic factors will not be particularly successful in reducing recidivism. In order to be successful, treatment must address factors that can be changed (e.g. dynamic factors) and that are directly related to an individual's criminal behavior (criminogenic).

A second factor important in determining whether a treatment program will be effective is the therapeutic integrity of the program or the need for effective programs to be delivered as planned and designed. Poorly implemented programs, delivered by untrained personnel, where offenders spend only a minimal amount of time in the program, can hardly be expected to successfully reduce recidivism. A third factor in effective programming is that programs must target offenders who are at sufficient risk for recidivism so that this reduction is measurable. Many offenders are low risk for future recidivism. Treatment programs that provide intensive services for such offenders will show little reduction in future criminal activities because few of these offenders will recidivate anyway. The final principle of effective treatment is the need to deliver treatment in a style and mode that addresses the learning styles and abilities of offenders. For example, more effective programs follow a cognitive behavioral and social learning approach rather than nondirective relationship-oriented counseling or psycho-dynamic, insight-oriented counseling.

Meta-analyses that have classified studies of treatment as appropriate or inappropriate according to the principles of effective treatment have found support for the importance of the proposed principles. In general, programs that follow the principles are found to reduce recidivism, although the extent of the reduction varies by study and principle being examined (Andrews et. al, 1990; Lipton & Pearson, 1996; Lipsey, 1992).

In summary, there is evidence that rehabilitation is effective in reducing the criminal behavior of at least some offenders. The evidence from the meta-analyses suggests that effective correctional treatment programs appear to follow some basic principles. In order to effectively reduce recidivism, treatment programs appear to need to:

- Be carefully designed to target the specific characteristics and problems of offenders that can be changed in treatment (dynamic characteristics) and those that are predictive of the individual's future criminal activities (criminogenic) such as antisocial attitudes and behavior, drug use, anger responses;
- Be implemented in a way that is appropriate for the participating offenders and utilizes therapeutic techniques that are known to work (e.g., designed by knowledgeable individuals, programming provided by appropriately educated and experienced staff, use of adequately evaluated programs) and require offenders to spend a reasonable length of time in the program considering the changes desired (deliver sufficient dosage);
- Give the most intensive programs to offenders who are at the highest risk of recidivism;
- Use cognitive and behavioral treatment methods based on theoretical models such as behaviorism, social learning or cognitive-behavioral theories of change that emphasize positive reinforcement contingencies for prosocial behavior and is individualized as much as possible.

More information is needed regarding: (1) how to ensure that treatment programs have adequate integrity; (2) what should be targeted in the treatment (antisocial attitudes, values, employment behavior, education, etc.); and (3) what method should be used to deliver the treatment (required staff training, outpatient, in-prison programs). In summary, there is relatively strong evidence that some treatment programs work for some offenders. At this point, we need more information about the specific characteristics of the effective programs and the most appropriate target populations.

This report examines the effectiveness of twelve correctional programs that were not assessed in the earlier crime prevention report. We began this project by gathering information on all evaluations on the topics of interest. After preparing the bibliography listing all of the evaluations, we reviewed each study for scientific rigor, calculated effect sizes and summarized the information on tables. As described below, this information was used to draw conclusions about what works, what doesn't, what is promising, and what is still uncertain.

III. PROGRAM EVALUATION RESEARCH

What is a Program Evaluation?

A program evaluation is the scientific study of the impact of a specific program on its participants. There are different types of evaluations. For example, one type of program evaluation is a process or descriptive evaluation. This type of evaluation would focus on such questions as: Is the program implemented in the way it was designed? How many clients does it serve? What are their characteristics?, and How long does it take participants to complete the program? etc. Process evaluations are geared more toward description of programs and the activities that occur within them, rather than measuring their impact. This type of evaluation does not measure "effectiveness," but can be useful in interpreting results of a second type of program evaluations: outcome or impact evaluations. These evaluations would address such questions as: Is the future behavior of participants impacted as a result of the program? Did completion of the program affect participant attitudes? Do participants succeed in the community following program completion? etc. Outcome evaluations are focused primarily on the effectiveness of the program, but they may also include some process components, as well.

How is Effectiveness Measured?

Just as the term "program evaluation" can have various meanings, "effectiveness" can also be defined in a variety of ways. For example, some programs focus attention on increasing participants' self-esteem. Thus, effectiveness be evaluated by determining whether program participation did indeed positively impact self-esteem. Because correctional programming is primarily intended to reduce criminal behavior, this report defines effectiveness in terms of recidivism. Program outcome evaluation studies that focus on attitudes, skill level, deviate arousal, and other measures are excluded from this assessment because they are not directly addressing the question of recidivism. Instead, they focus on particular mediating factors which may be expected to lead to a reduction in offending behavior, but they do not measure actual behavioral impact. As such, only those outcome evaluations that measure recidivism are included in this report.

There are a variety of different ways that researchers have defined recidivism, e.g. rearrest, reincarceration, community supervision violations, and self-reported offenses, and each definition includes different advantages and disadvantages. For example, defining recidivism as reconviction may be considered a conservative estimate because so much criminal offending escapes detection; arrest, and prosecution. However, reconviction data are useful, in that, they are relatively reliable and assessable. Using self-reported criminal offending to measure recidivism is one alternative to conviction data because it captures may offenses that escape detection and official criminal justice response. However, there are a number of trade-offs with using this type of measure, including deliberate deception and memory lapses. Taken together, all the various methods of defining and measuring recidivism provide a more complete picture of program impact than a single definition alone. Consequently, this report will take into account all the various ways in which researchers might define recidivism in determining program effectiveness.

III. ASSESSMENT OF PROGRAM EFFECTIVENESS

What Type of Research Will be Assessed?

Only program outcome evaluations measuring recidivism will be assessed in this report. Additionally, the research reviewed will be restricted to evaluations that are relatively recent, i.e. in most cases conducted within the past ten years, because older work is less relevant to present social conditions and correctional programming realities. However, in program areas where research is limited, research conducted since 1980 may be included. Formally published, as well as unpublished research, such as state and local government reports, and research organization studies, are included in this review. While these evaluations are not (in most cases) subject to the quality-control process of peer-reviewed journals, they are valuable in that journals are often biased towards publishing studies of favorable results. Further, many governmental agency reports are not submitted to journals for formal publication. In sum, this report will include published and unpublished program outcome evaluations, largely conducted within the past ten years, that use recidivism as an outcome measure.

How Can Research Results be Combined?

There are several possible methods to combine and summarize research within a particular program area. One such method is a literature review. This is a relatively straight-forward summary of research findings in which the author explains what the collection of results seem to indicate about the effectiveness of the program area. This type of research review generally incorporates a discussion of the quality of the methodology utilized by the various studies. Literature reviews, however, have been criticized because they rely on the author's subjective assessment of the research and the relative importance of the findings (Wolf, 1986). Another method of combining research results, and one which addresses these problems, is meta-analysis. This is generally viewed as the most sophisticated method of combining research results because it uses statistical techniques to combine the separate studies and draw conclusions from the integrated research. A third means of combining research, the method employed by the Maryland Report to Congress, is a hybrid of a meta-analysis and a literature review. It uses the meta-analytic process of coding research methods, thus providing an objective framework to rate the quality of research methods. Conclusions about the research are based on individual research studies in a manner similar to a literature review, but like meta-analysis, research findings are "weighted" according to the strength of their methodology.

Why Does Research Methodology Matter?³

Methodology refers to the way that researchers conduct a study. These methods can be very simple or extremely complex, utilizing highly refined measures and sophisticated statistical models. The quality of the methodology, or research design, used in a study determine the credibility or confidence that can be placed in the results. In scientific research, there are particular types of

³ For a more complete and detailed discussion of research methodology and the determination the strength of scientific research evidence, see Sherman et al. (1997).

methods that can be used to increase the credibility, or strength of the evidence produced by studies. In terms of program outcome evaluation research, the goal is to determine if there is a cause-and-effect relationship between program participation and future behavior. In order to produce strong evidence of a cause-and-effect relationship, methodology must be used that incorporates the basic elements of scientific research that minimize the possibility that the results are due to factors other than program participation.

Particularly important in producing strong evidence is the inclusion of a control group for comparison with those who participated in the program. This allows researchers to observe how behavior is impacted by the program. The more similar that the control group is to the program group, the stronger the evidence. For example, a study may only compare the recidivism of program completers to program drop-outs. This design can not provide strong evidence because there are other possible explanations for the findings besides the effect of the program, e.g. completers may be more motivated individuals who would have had less recidivism, even without the program, than those who dropped-out. A better design would be to randomly select individuals to participate in the program and the control group. Random selection is the scientific ideal because it reduces the likelihood that one group will be different from that other. For example, randomly placing individuals in the program and control group would more equally distribute the highly motivated individuals, thus reducing this source of "contamination" of the results.⁴

If program evaluation research is used to draw conclusion about the effectiveness of various programs, then the scientific rigor of the methodology of this research will be an important component in determining what works. The findings of studies employing higher quality methodology should be given more weight in the determination than those utilizing weaker methodology. To objectively rank the quality of research designs and consistently define "what works," this report uses the coding scheme and ranking scale developed for the Maryland Report.⁵

How is Scientific Rigor Determined?

The Maryland Scale rates seven different dimensions of the methods used in each study. The overall rating is based primarily on these factors.⁶

³ Random selection to program participation in some contexts may be inappropriate or unethical. There are other methods that researchers can use to minimize differences between groups when these issues arise. See Sherman (1992) for a discussion of both the ethical and empirical issues.

⁴ Hereafter, this will be referred to as the Maryland Scale.

⁵ The Maryland Scale includes effect size analyses, but because of complications relating to the limited nature of results provided in many studies and difficulty in interpretation, this report does not directly incorporate effect size calculations in the methods scale.

- The study's ability to control extraneous variables (i.e., to eliminate major alternative explanations for the findings). This is accomplished through random assignment, matching treatment and comparison groups carefully, or statistically controlling for extraneous variables that minimize measurement error.
- Other considerations contributing to the overall rating of methodological rigor are the response rate, attrition (dropout) of cases from the study, and the use of appropriate statistical tests.

Studies that show only a relationship between program participation and recidivism, i.e., correlational research, do not provide strong evidence because there are many factors that can produce these results besides program participation. Improvement over this design are studies that use pre- and post-program methods. These studies provide stronger evidence that the "cause" came before the "effect." The strongest evidence is provided by studies that use methods designed to rule out other factors that might impact the results, such as pre-program differences between participants and non-participants. Using the Maryland Scale, studies are ranked according this hierarchy of design quality. Each eligible study was given a "scientific methods score" of one to five, with five providing the strongest scientific evidence. In addition, the use of statistical significance tests is employed as a key criterion in reaching program effectiveness conclusions based on the application of the scores. (Appendix A provides the code sheet used to determine the scientific methods score for each reviewed study.) Studies assigned a particular methods score share the following features:

1. Correlation between the program and measure(s) of recidivism crime and no control group.
2. Temporal sequence between the program and recidivism can be clearly observed (e.g. pre- and post-program research design); or a comparison group is present but lacks a demonstrated comparability to the treatment group.
3. A comparison between two or more groups, one with and one without the program.
4. Comparison between a program group and one or more control groups, controlling for other factors; or a nonequivalent comparison group that is only slightly different from the program group.
5. Random assignment and analysis of comparable program and comparison groups, including controls for attrition.

What Works and What Doesn't?

Clear conclusions about programs that work and programs that don't work require a high level of confidence in the research findings. New research results continually add new pieces to the puzzle, and reconsideration of old results in light of the new findings often produces different conclusions. The best one can ever claim to "know" about effectiveness is based only on the quality and quantity of available evidence, pending the results of further research. Given the many consequences of claims about "what works," it is important to use a high threshold for the strength

of scientific evidence. The current state of the evaluation research, however, creates a dilemma in attempting to draw conclusions. Using studies that are scored at level five on the Maryland Scale as the "gold standard" of evaluation design, results in the scientific methods scores for most of the available evaluations being relatively low. A very conservative approach to determine what works might require at least two level five studies showing that a program is effective (or ineffective), with the preponderance of the evidence in favor of the same conclusion. Employing a threshold this high, however, would leave very little research upon which to draw conclusions. There is a clear trade-off between the level of certainty in the conclusions that can be drawn and the level of useful information that can be gleaned from the available research. Excluding the findings of moderately rigorous studies would waste a great deal of information that could be useful for policy-making.

This report, like the Maryland Report, takes the middle road between reaching very few conclusions with great certainty and reaching many conclusions with very little certainty. In short, this means eliminating from consideration studies that are so methodologically weak that they are scored as at level one on the Maryland Scale. Studies that score at level two, however, are not eliminated from consideration. While they lack strong scientific rigor and can not provide the sole bases for any conclusion, they do provide some worthwhile information. This is particularly true in program areas that include very scant evaluation research. These admittedly weak studies may be the only information that is available in an area. In program areas that are more well-researched, level two studies become part of the preponderance of evidence, but do not serve as the primary source of evidence. Here, their findings are given reduced weight relative to those of more scientifically rigorous evaluations.

Based on the scientific strength and substantive findings of the available evaluations, this report classifies all local programs into one of four categories: what works, what doesn't, what's promising, and what's unknown.⁷

What Works: These are programs that we are reasonably certain reduce recidivism in the kinds of contexts (and the types of participants) in which they have been evaluated, and for which the findings should be generalizable to similar settings in other places and times. Programs defined as "working" must have at least two "level three" evaluations with statistical significance tests showing effectiveness and the preponderance of all available evidence supporting the same conclusion.

What Doesn't Work: These are programs that we are reasonably certain fail to reduce recidivism in the kinds of contexts (and the types of participants) in which they have been evaluated, and for which the findings should be generalizable to similar settings in other places and times. Programs defined as "not working" must have at least two "level three" evaluations with statistical tests

⁶ The weakest aspect of this classification system is that there is no standard way of determining exactly what variations in program content might affect generalizability, or applicability, from the evaluated programs to other programs using the same name. This can only be determined by the accumulation of many evaluations of similar programs with varying content.

showing ineffectiveness and the preponderance of all available evidence supporting the same conclusion.

What's Promising: These are programs for which the level of certainty from available evidence is too low to support generalizable conclusions, but for which there is some evidence predicting that further research could support such conclusions. Programs are defined as "promising" if they have at least one "level three" evaluation with significance tests showing their effectiveness in reducing recidivism, and the preponderance of all available evidence supports the same conclusion.

What's Unknown: Any program not included in one of the above three categories is defined as having unknown effects. There is simply not enough research, or not enough research employing adequate scientific rigor, upon which to draw even tentative conclusions. Program areas with unknown effects should not be interpreted as ineffective. Succinctly put, the jury is still out.

IV. REPORT CONTENT AND LAYOUT

Each of the eleven program areas are reviewed individually in the following chapters. Each chapter is divided into four sections. The first section of each chapter is the introduction, containing a description of the program area, a general discussion of previous research, and evaluation issues. The second section applies Maryland's "what works" criteria to the research to assess the effectiveness of the eleven individual program areas. The third section is an "Assessment of the Research," containing a discussion of the specific program evaluations reviewed for this report, their scientific rigor, and individual findings. The conclusion section provides a summation and additional issues important for consideration. Additionally, implications of the findings for Washington Department of Corrections programming are discussed. A list of references for each chapter is included in Appendix C.

Appendix B contains one or more tables for each chapter that summarizes the findings of the individual program evaluation.⁸ The studies are arranged on the table in order of the strength of scientific evidence they provide, with ranking highest on the scientific methods scale listed first, followed in descending order by less methodologically rigorous program evaluations. The first column of each table contains the study's author and year of publication or report submission. The second column of each table contains the scientific methods score determined by the Maryland Scale and the total sample size of the study. Jumping ahead momentarily, the fourth and final column in the table contains a synopsis of the findings for each method the study may have used to measure recidivism, such as rearrest, reincarceration, and revocations. In addition to listing the type of outcome measure, this fourth column displays the results of statistical tests (when available) on differences in recidivism between the program and comparison groups.

⁷ This excludes all studies that were so methodologically weak that they were ranked at level one on the Maryland Scale, e.g. those that included no comparison group and used only correlational designs or reported differences in means.

Returning to the third column, this is a display of "effect sizes" for the recidivism measures listed in the fourth column.⁹ Effect size essentially refers to the magnitude of the "effect" of the program on recidivism. Bigger program effects (impacts) are more desirable than smaller program effects. Similarly, bigger effect sizes are more desirable than smaller effect sizes. An arbitrary criteria has been develop to determine what constitute a "big" effect size as opposed to a smaller one (see Cohen, 1977). Effect sizes of .20 are considered small, medium effects sizes are those around .50, and large effects sizes are those .80 or higher. Because there are many factors that influence the magnitude of effect sizes and the limited information provided by the studies allowed only conservative approximations of effect size,¹⁰ this report does not incorporate effect size values into decisions about program effectiveness. They are provided as a conservative estimate of the magnitude of the program effect on the various recidivism measures.

Implications for Washington Department of Corrections Programming

This report is not an audit or a performance evaluation of Washington Department of Corrections (DOC) programs. Prepared materials explaining the content of DOC programs served as the basis for all discussion of the program areas. Therefore, based on this report, no conclusions can be drawn about what specific DOC programs "work" or do not work. Similarities and differences are noted between the reviewed programs evaluated and DOC programs, based on the information available about each. This comparison is intended to demonstrate the degree to which Washington's correctional programming fits within the context of available evaluation research. While this report might suggest effectiveness or ineffectiveness in particular program areas, methodologically-rigorous evaluations of specific Washington correctional programs are needed to drawn definitive conclusions about the affect of DOC programming on recidivism.

⁸ In some cases, effect sizes could not be calculated because adequate information was not provided by the study's author(s). In these cases, "NR" appears in the effect size column.

⁹ Effect size values were calculated using group proportions and mean differences divided by control group standard deviation.

CHAPTER 2

ADULT BASIC EDUCATION

I. INTRODUCTION

Correctional education entered the American scene in 1870 with the presentation of Zebulan R. Brockway's theory of rehabilitation at the first Conference of the American Prison Association (Reagan & Stoughton, 1976). Central to his theory of rehabilitation was the notion that law abiding behavior was attainable through legitimate industry and education (Reagan and Stoughton, 1976). Almost a decade later, correctional education reached the forefront of penal philosophy. The United States Office of Education's Adult Education Act became the vehicle through which correctional education, and especially adult basic education, made its entry into the prison environment (Ryan & Mauldin, 1994). This change was fueled by the increased interest in prison education witnessed in the 1980s. Programs such as American Broadcasting Corporation's (ABC) Project Literacy U.S. (PLUS), Literacy Initiatives, Literacy Volunteers of America, and National Adult Literacy Congress emerged and helped the establishment of education in the penal setting (Ryan & Mauldin, 1994).

The increasing focus on education as a means of rehabilitation prompted researchers to conduct empirical studies analyzing the effectiveness of correctional education programs. Initial findings concluded that poor educational achievement was a risk factor associated with delinquent behavior. An analysis of past studies identifies school attachment, educational achievement and educational aspirations as factors inversely associated with delinquent behavior. By 1994, a low level of personal education was categorized as one of the six major need/risk factors within the general personality and social psychology of criminal conduct (Andrews and Bonta, 1994).

The belief that poor educational achievement was linked to deviant behavior prompted a second wave of research focusing on the rehabilitative effects of correctional education programs. The relevant question was whether education could transform an offender into a non-criminal member of society. An influential study addressing this question was published by Martinson in 1974. In What Works? Questions and Answers About Prison, he asserted that there was no definitive evidence that adult academic education related to lower rates of recidivism. However, a later review of the six studies used in his evaluation concluded that Martinson incorrectly characterized his findings. While three of the studies failed to produce statistically significant results, two others (i.e. Saden, 1962; Schnur, 1948) found a direct correlation between adult education and reduction in recidivism, and the remaining study (Glaser, 1964) was dismissed by the reviewers as unreliable (Gerber & Fritsch, 1995). There remains controversy in the literature about whether adult basic education programming is effective in reducing recidivism among correctional populations.

II. ARE ADULT BASIC EDUCATION PROGRAMS EFFECTIVE?

What's Promising. Few of the studies of Adult Basic Education Programs conducted tests of significance, and the size and direction of the differences between the education group and the comparison group varied among studies. However, one study did show a significant difference between the groups and, in the majority of the studies, the group receiving the educational program had lower recidivism rates. Therefore, we conclude that Adult Basic Education Programs appear to be promising methods for reducing recidivism. At this point, there is insufficient research to conclude that the programs are effective.

III. ASSESSMENT OF THE RESEARCH ¹¹

A number of studies on correctional education made use of methodologies that render their findings questionable. First, most of the research studies analyzing correctional education evaluate the educational program in a vacuum. They did not take into account social and other factors present in the offenders' release environment. Without proper consideration of the post-release environment, it is difficult to determine whether success or failure is due to the program in question or factors unrelated to the correctional intervention (Gerber & Fritsch, 1995). A second category of concern related to the methodology of available research on correctional education is that self-selection of program participants, rather than random assignment to treatment and control groups, may alter the results and mask the true effects of correctional education on offender behavior. Random assignment is ideal because it maximizes the probability that research results are due to the affects of the program rather than to differences between the participants themselves. A final major concern relating to the correctional education literature is that many evaluation studies do not provide an adequate follow-up period. Longer follow-up periods provide more reliable evidence of a program's impact on individual behavior. Those that span only a few months do not provide sufficient evidence to draw definitive conclusions about program effects on behavior. Rather, brief follow-up periods (generally those measured in months rather than years) leave room for doubt that behavior has been meaningfully impacted. These methodological considerations are important cautions when considering the current status of correctional education in the empirical literature.

The literature reviews and meta-analyses of the late 1980s indicated that while some studies clearly supported the efficacy of academic educational programs, this sentiment was not unanimous nor overwhelming. It remained an unsettled issue whether Adult Basic Education and/or GED training can effectively reduce recidivism, and if so, under what conditions. As shown in Appendix B, twelve recent studies were identified which address this question. Many of the educational evaluations were rated low (Maryland Scale scores of level one or two) because the studies compared only participants or completers with others. No attempt was made to identify a reasonable comparison group or to compare the characteristics (such as sex, race, age, prior criminal activity, etc.) of the participants to the comparisons. As a results, we do not know what types of individuals

¹¹ See Appendix B for a table summarizing the findings of these evaluation research studies.

entered and/or completed the educational programs. There is a good chance that volunteers for program participation are already at a lower risk for recidivism than others who were not willing or interested in obtaining education. Thus, in these situations, we cannot conclude that the educational program changed the offenders. Of the twelve available evaluations, five (Harer, 1995a, 1995b; Ohio Department of Rehabilitation, 1995; Texas Youth Commission, 1995; Walsh, 1985) studies were reasonably well conducted, rated at level 3 or 4 on the Maryland Scale. However, many of these did not use statistical significance tests, and those that did failed to produce significant findings. Furthermore, generally speaking, the effect sizes were moderate or low. Therefore, we conclude that adult basic education appears to be a promising strategy for reducing recidivism.

Research by Harer (1995a) examined the impact of general education program participation, rather than focusing specifically on Adult Basic Education. His analysis of 1,205 released offenders found that educational programming most positively impacted those inmates that had already obtained a high school diploma. The rate of rearrest for this group was 31.2 percent, which was lower than the arrest rate of the nonparticipants (38.9%). Inmates possessing only an eighth grade educational level had a higher recidivism rate (46.7%) than those participants with already possessing their high school diploma (31.2%). The author speculated that participants with higher levels of academic achievement prior to beginning the education program could benefit more from the program in terms of reduced recidivism. In a second analysis, Harer (1995b) reproduced these findings with a subset of the offenders from the first study. This second analysis contained only those offenders who were released from Federal prison or halfway houses who had served at least one year in prison. Again, Harer found that education program participants had lower levels of recidivism than non-participants. While these two analyses find positive results for education programs, including Adult Basic Education, neither analyses employs statistical tests. This reduces the confidence that can be placed in the findings. Without statistical tests, it is not possible to estimate that likelihood that the results were due to chance rather than actual differences between the participating and non-participating groups.

Three other studies, while not as methodologically sound (all ranked at level 3 on the Maryland Scale) as Harer's (1995a, 1995b) two analyses, generally support his research results. The Ohio Department of Rehabilitation and Corrections (1995) collected data on its 1992 released cohort to determine the impact that ABE and GED training had on offender recidivism. It found that GED participants and graduates experienced a lower rate of recommitment (24.1% and 27.1%), than the comparison group (32.3%) during the two years following release. On the other hand, ABE participants returned to prison at a higher rate (32.3%) than the corresponding control group (30.6%). This elevated rate of returns to prison for ABE participants dropped to 26.3% for those inmates who were released after being incarcerated for four or more years. This led the researchers to conclude that ABE programming was especially well-suited for inmates serving long prison terms. As with the previous studies, however, no statistical tests were conducted to support this conclusion. Again, there is no estimate the likelihood that these results might have occurred by chance.

Another evaluation conducted by the Texas Youth Commission (1993) undertook a similar analysis the Ohio study, but this study did employ statistical tests. Utilizing a sample of 1,717 released inmates, the researchers found that the reincarceration and rearrest rates for GED graduates

were substantially lower (10.1% and 41.3%, respectively) than those of the comparison group (19.1% and 53.5%). However, these differences were not statistically significant, meaning that the findings could have been due to chance variation among the groups. Comparable findings to those of the Texas Youth Commission were found by Walsh (1988) in another study. This research evaluated the Lucas County Adult Probation Department's GED program. He found that GED graduates and GED participating noncompleters were rearrested at lower rates (16% and 32%, respectively) than nonparticipants (44%). However, unlike the Texas study, the difference in recidivism rates between graduates and non-participants were found to be statistically significant. These findings led Walsh to conclude that "the crucial variable is not participation per se, but rather whether or not the program was completed" (Walsh, 1985: 73). A further analysis of offender criminal histories showed that while GED completion did impact recidivism more intensely than mere participation, involvement in the program significantly reduced the frequency and/or intensity of the participants' criminal activity.

Together, these relatively well-designed studies do not provide substantial evidence of the effectiveness of Adult Basic Education Programming. While some find positive results, only one study (Walsh, 1988) statistical significant differences indicating reduced recidivism for program completers. While there are a number of other available studies undertaken to evaluate the effectiveness of Adult Basic Education Programs, they are of such poor methodological quality (all score at level 2 on the Maryland Scale for Scientific Rigor) that little confidence can be placed in the findings. Despite their failings, collectively these studies generally show positive results for education programming for correctional offenders. These studies are discussed below.

Ramsey (1988) utilized an experimental design to test the impact of GED training on reincarceration and rearrest. She found GED program graduates had a lower rate of reincarceration (16%) and rearrest (32%) than nonparticipants (36% and 38%). The effectiveness of the GED training did diminish for those inmates that chose to participate but failed to complete the training. This group of individuals experienced higher reincarceration and rearrest rate (32% and 33%), yet still managed to do better than nonparticipants.

The research conducted by Adams and colleagues (1994) attempted to determine how much participation in these educational programs was enough to trigger the beneficial effects of education. An analysis of 14,411 inmates released from Texas prisons in 1991 and 1992 revealed that recidivism was positively impacted by extensive academic training. Those inmates that engaged in 301 hours or more of course work had a far lower rate of re-incarceration (16.6%) than those who participated for 101-200 hours (20.7%). This latter group, in turn, had a lower recidivism rate than non-participants (23.6%). However, the beneficial effects of education vanished if the inmate had less than 100 hours of training, in that, their rate of reincarceration was actually higher than that of nonparticipants (25%). Adams and colleagues also learned that the positive effect of education on re-incarceration was influenced by the inmates' initial educational level. This is consistent with Harer's (1995a) findings. In another study, Porporino and Robinson (1992) found that offender risk level may also influence that impact. These researchers conducted an analysis of data on 1,736 released offenders and found that ABE graduates had the lowest readmission rates (30.1%) when compared to ABE participants who were released before completing the program or those that chose to drop-out (35.7% and 41.6%). Furthermore, offenders in the high risk mandatory supervision

category who had obtained a GED while incarcerated, showed a readmission rate that was 10 percent lower than those offenders who had withdrawn prematurely from that program. However, like the research by Adams and colleagues (1994), Porporino and Robinson compare program completers to non-completers making these findings questionable.

Fabelo (1992) used the Reading to Reduce Recidivism Program to examine the effects of institutional and community-based GED training. It found that while recidivism is reduced for community GED graduates and participants, this effect did not occur in community program dropouts. Of the 21 successful field GED participants, only one returned to prison during the 18 months follow-up period. Eighteen of the thirty-one community dropouts were either returned to prison or incarcerated, which amounted to a higher recidivism rate than the control group. However, problems with the research design and small sample size limit the credibility of these findings.

In a study funded by the Adult Probation Department of the Superior Court of Pima County, Siegal and Basta (1997) examined the effectiveness of GED and Principle of the Alphabet Literacy System (PALS) programs on offender rearrest and reconviction rates. They found that participants in both the GED and PALS programs experienced a lower rearrest rate (35% and 24%) than the control groups (46% for both). This difference proved to be statistically significant for the GED students. However, the same positive effect did not translate over to rates of reconviction. While the PALS participants still experienced a slightly lower rate of reconviction (20%) than the control group (22%), the rate of reconviction for GED participants remained unaffected (21% for both).

The New York Department of Correction (1992) found that graduates of its education program experienced a reincarceration rate of 34 percent compared to a rate of 39 percent for noncompleters. This difference was found to be statistically significant. Another study, (Piehl, 1995) reported the same findings with 1,473 Wisconsin inmates. Consistent with the above findings, this research found that completion of an education program was associated with a lower rate of reincarceration (33.5%) than mere participation (40.2%). Those inmates who eligible but failed to complete the training returned to prison at a higher rate than program graduates.

Schumacker, Anderson, and Anderson (1990) study sought to examine what type of educational program affected recidivism the most. They found that programs incorporating elements of vocational and academic training led to a more substantial reduction in recidivism than mere academic course work. The mastering of a trade, along with basic reading and arithmetic skills, resulted in a reconviction rate of 19 percent, which was lower than that experienced by the non-participants (28%). Purely academic training resulted in a 22 percent reconviction rate. Thus, while the completion of a GED increased the offenders post-release success, those inmates that also received vocational training had the highest employment rate and lowest criminal activity rate over the twelve month tracking period.

The evaluations conducted by Tracy & Johnson (1994), Cogburn (1992), Hull (1995), and Correctional Education School Authority (1990) were too methodologically weak to be included in this review (i.e. ranked at level 1 on the Maryland Scale).

IV. CONCLUSION

This study of correctional education for adult offenders suggests that no one strategy is appropriate for all offenders in all situations. The various and often contradicting results seem to indicate that successful reduction of recidivism depends greatly upon the particular population targeted. Of 12 studies presented, 8 produced results consistent with the notion that correctional education may positively impact the rate of recidivism. While some ABE or GED participants realized a reduction in their criminal involvement, others were either completely unaffected, or negatively influenced by their participation in the educational experience. The one consistent finding that emerged from this research is that completion of, as opposed to some amount of participation in, an educational program is associated with lower recidivism. This finding is most likely a sample selection bias. Those who are at high risk for recidivism drop out of programs, while those who are at lower risk generally stay in programs through completion.

Thus, like the meta-analyses reviewing data from the 1980s, research in the 1990s has failed to reach a definitive conclusion regarding the effectiveness of correctional education on recidivism. The reason for this failure partially resides in the lack of methodological rigor noted in the majority of the studies in this area of correctional programming. Research in the area is riddled with problems, such as a lack of random assignment and statistical analyses. Scientifically-based conclusions cannot emerge from such a limited pool of knowledge. Eventually, as research methods improve, a clearer answer will emerge with respect to the effectiveness of correctional education on recidivism.

Implications for Washington Department of Corrections Programming¹²

The Adult Basic Education programs offered by the DOC are designed to assist offenders in achieving competency in several academic subject fields, including reading, writing, and mathematical skills. The program consists of three levels, through which offenders gradually work to increase their level of skill. The programs also include an emphasis on individual learning styles, vocational skills, and financial management. The program uses a classroom education approach and employs group learning techniques. Our assessment of the literature found that Adult Basic Education Programs appear promising, but the limitations of the research do not allow any stronger statements about effectiveness. While many of the programs evaluated in the literature were described as containing similar components to those offered by the DOC (e.g. reading, writing, mathematical skills, vocational skills) it is impossible to disentangle whether these program components can account for the (admittedly weak and tentative) support of the educational programming. Based upon our assessment of the literature, there is reason to suspect that future evaluations of Adult Basic Education Programs, such as those offered by DOC, might continue to produce promising results.

¹² No evaluation was conducted of Washington State Department of Corrections programming and, therefore, no statement can be made about whether DOC programs work. This section contains a comparison of the reported components of DOC programming with those program components that were found in the above evaluation research to be effective or ineffective in reducing recidivism.

CHAPTER 3

CORRECTIONAL INDUSTRIES

I. INTRODUCTION

Correctional industry is a term used to describe a range of offender employment-related activities that occur almost exclusively during an offender's term of incarceration. While some industrial facilities are located outside of prison walls, correctional industry workers are typically serving time in some type of residential facility (Correctional Industries Association, 1998). In terms of correctional industry participant characteristics, Flanagan (1988) and his colleagues found that offenders in participating in correctional industry programs tended to be older, serving longer sentences, had better pre-incarceration employment records, and were less likely to be drug users than a sample of non-industry participants.

Correctional industries produce a wide range of products and services for both government and private sector consumers, including furniture, health technology, automobile parts, institutional and jail products, signs, printing products, textiles and apparel, traffic paint, and food products. In addition to the production of goods and services, correctional industries can serve other purposes. According to Maguire, Flanagan, & Thornberry (1988), correctional industries reduce operating costs for prisons, produce income for correctional systems through the sale of inmate produced goods, decrease inmate idleness, and provide valuable skills and work experience that inmates can use outside of prison. Correctional industry experience can provide opportunities for inmates to develop better time management skills, self-discipline, and work ethics. However, correctional industries often use outmoded production techniques and equipment, train inmates in areas that already have an excesses of laborers or that require professional licenses that are difficult for ex-offenders to acquire. These and other problems associated with correctional industries make it more challenging for offenders to secure gainful employment outside of the supported work environment of prison. (Maguire, et al, 1988).

In June 1996, Minnesota Department of Corrections Industry Division (MINNCOR) conducted a nation-wide survey of correctional industries, identifying 54 separate jurisdictions operating some type of correctional industry program. While, since mid-century, these programs have largely been a state-run enterprise. However since 1980, private industry involvement in corrections has increased (Henry, 1988), reflecting the historical roots of correctional industries. Early in this century, private correctional industry ventures were common. However, the increases in the power of trade unions in the 1940s and concerns about the humanitarian treatment of inmates brought about the decline of private correctional industry. By the 1970s, however, restrictions on the sale and interstate transportation of prison-made products were lifted, and private industry quickly began to move back into partnerships with correctional industry. By 1984, the National Institute of Justice reported 26 prison-based industries in nine states which had substantial private industry involvement (Henry, 1988). The number of inmates working in these ventures by 1984 was nearly double the number working in private correctional industry in 1980.

II. ARE CORRECTIONAL INDUSTRIES EFFECTIVE?

What Works. Multi-Component Correctional Industry Programs are effective in reducing recidivism. Significant differences between industry participants and others have been found in at least two studies (Saylor & Gaes, 1996; Saylor & Gaes, 1992) show that industry participants have lower recidivism rates. However, the differences between the recidivism rates of the groups are small. Most likely, the differences are significant because the sample sizes have been large. From a statistical perspective, small difference can be detected with large samples more readily than with smaller samples. An important consideration is whether the size of this difference is of practical significance. The difference in recidivism rates, in most cases, was less than five percentage points. Most evaluations focused on multi-component programs and, therefore, the effectiveness of correctional industry programs alone could not be assessed.

III. ASSESSMENT OF THE RESEARCH ¹³

Many correctional industry programs contain other intervention components, such as job search or vocational education/apprenticeship training. This makes evaluations of "correctional-industry-only" programs relatively rare. Therefore, evaluations of multi-component programs, including vocational education, correctional industries, and job search assistance or work release services are reviewed in this section. Unfortunately, evaluations of combined approaches make it extremely difficult to assess the effectiveness of correctional industry participation alone. Another problem with correctional industry evaluations is their relatively weak scientific rigor. Nearly all the evaluations reviewed here include some substantial methodological shortcomings. Typically, there is a failure to use random assignment. A related methodological problem in these evaluations is the failure to deal adequately with the issue of subject selection bias. A selection bias most commonly occurs when offenders who are less likely to recidivate (even without the program) are compared to a group of offenders who were initially more likely to engage in future criminal behavior. For example, correctional industries often require minimum levels of academic achievement for potential participants. This can introduce bias because offenders who have more academic education may represent a group of lower risk offenders. Finally, attrition (dropouts) from the intervention program produces another interpretational problem, since many evaluations typically compare program completers to those who received no program services whatsoever. Again this is an inappropriate comparison because those subjects who complete a program may be different (potentially less serious offenders) than those who drop out.

Despite the shortcomings of many studies, several evaluations were available which met at least minimal requirements for scientific rigor. The most rigorous of these evaluations (Maguire et al., 1988) (ranked at a level of 4) did not find a significant reduction in felony rearrest rates for correctional industry participants (29%) compared to non-participants (34%). Two studies of the

¹³ See Appendix B for a table summarizing the findings of these evaluation research studies.

Federal Bureau of Prison's UNICOR program by Saylor and Gaes (1992, 1996), while somewhat less rigorous (ranked at a level of 3 on the Maryland Scale), do find several significant reductions in recidivism. The program participant group consisted of 57 percent with only correctional industry work experience, 24 percent with vocational and apprenticeship training, and 19 percent with both correctional industry work experience and vocational education/apprenticeship training. The researchers used statistical control for differences between groups. They compared those with at least 6 months of industry participation to those with no industry work experience. After 6 and 12 months of post-release follow-up, correctional industry participants had significantly fewer parole revocations (4.9% and 6.6% respectively) as compared to non-participants (6.6% and 10.1%, respectively). They also report that after a follow-up period of between 8 to 12 years, correctional industry participants had a statistically significant lower risk of being recommitted for a new offense than non-participants in the control group.

Finally, two other studies reviewed state-run industry programs (Anderson, 1995a; Boudouris, 1985). Conclusions based on the results of these evaluations must be interpreted with extreme caution, as neither study employed a more than a minimally sound research design (both ranked at level 2 on the Maryland Scale). Anderson (1995a) conducted an evaluation of a correctional industry program where participants worked at jobs that were divided into five categories based on skill level. High skill level jobs included auto mechanic, drafter, dental lab technician, machinist, and welder. Medium skill level jobs included fabric cutter, graphic arts technician, machine presser, and printer. Low skill jobs included box, chair, or brush factory jobs, as well as cushion maker, wood assembler, and sewing machine operator. Entry level jobs included janitor, sander, and material handler. Finally, clerks' jobs included payroll clerk, production clerk, and typing clerks (Anderson, 1995a). followed an entire release cohort, and found that correctional industry program completers had lower rates of return to prison after 24 months (28.7%) than those who dropped out of the program (30.1%) and those who did not participate (31.3%). Anderson did not conduct statistical tests for these differences in recidivism rates, therefore it is not possible to tell whether these differences are due merely to chance or if they represent actual reductions in recidivism. Boudouris (1985) reports that after a 24-month follow-up, inmates with correctional industry, vocational, or farm work experience had fewer rearrest, revocations and returns to prison (approximately 9%) than those with education experience alone (approximately 24%). The difference in recidivism rates for participants and nonparticipants was statistically significant.

In light of the serious methodological flaws in many of these evaluations, there are several studies ranked at the bottom of the Maryland Scale for scientific rigor (see Clasby, 1996; Motiuk & Belcourt, 1996; and Pride Enterprises, 1997). As a result, these studies are not included in this review.

IV. CONCLUSION

Based upon the above findings and the methodological rigor of the evaluations, we conclude that multi component correctional industry programs (containing vocational education, apprenticeship, and/or job skills training), are effective in reducing recidivism. The two studies conducted by Saylor and Gaes (1996, 1992) were judged to be of sufficient scientific merit to allow

at least preliminary conclusions. The two studies did find significant differences between industry participants and others in most measures of recidivism. However, it should be noted that the differences in recidivism between industry participants and others is relatively small in most of the studies. Most likely, the results are significant because of the large number of subjects in the studies. As such, our conclusion about the effectiveness of such multi modal correctional industry programs must be regarded with caution.

Implications for Washington Department of Corrections Programming ¹⁴

DOC institutions operate and maintain programs that provide in-prison employment positions for inmates. These positions are provided within institutions to contribute to the overall maintenance and management of the institutions. The program is intended to provide offenders with new work skills, while reducing both inmate idleness and the overall operating costs of the institutions. The employment positions offered by the DOC include institutional maintenance jobs, clerical work, equipment operation, and personal services jobs, such as barber and dental assistant. Participants in the correctional industries program also receive an income from their employment, with part of their earnings being applied to crime victim compensation and legal fines and fees. Our assessment of the research concluded that correctional industry programs are effective in reducing recidivism. Much of the research examined, however, evaluated programs that included components other than correctional industry work, so the effects of these programs alone have yet to be isolated. This means that this research is only relevant to DOC programming to the extent that offenders participate in more than DOC correctional industry work positions, but also other vocational and education programming.

¹⁴ No evaluation was conducted of Washington State Department of Corrections programming and, therefore, no statement can be made about whether DOC programs work. This section contains a comparison of the reported components of DOC programming with those program components that were found in the above evaluation research to be effective or ineffective in reducing recidivism.

CHAPTER 4

VOCATIONAL EDUCATION PROGRAMS

I. INTRODUCTION

For several decades, the relationship between poverty, poor educational achievement and crime has been widely studied by social scientists. The relationship between poverty and crime may be one of the most firmly established in the criminological research (Berk, Lenihan, & Rossi, 1980). The link between school failure and criminality has also been demonstrated (Ward & Tittle, 1994). The prevalence of under-education among offender populations was demonstrated by Freeman (1992), who found that 60 percent of male prisoners between the ages of 25 and 34 had less than 12 years of formal education. Previous research on unemployment and crime has been equally discouraging, with one study reporting that as many as 84 percent of inmates were unemployed at the time of their current offense. The relationship between crime and unemployment has been a consistent research finding over past 60 years (Wolfgang et al., 1972; Sampson & Laub, 1993).

Since lack of education and unemployment tend to be correlated with crime, reduction of these two risk factors has been proposed by many as a means to reduce crime. Many criminal justice system-based programs have been developed in an attempt to increase educational achievement and employability for offenders. Though they share a number of similarities, the primary focus of these programs vary. Some programs, such as the Manhattan Court Employment Project, have attempted to divert offenders from the criminal justice system and into stable employment (Baker & Sadd, 1979). Others, such as the POWER program, project TRADE, and the Wisconsin STEP program, have attempted to provide general education and vocational education to offenders during or following incarceration. Still other programs have attempted to provide inmates with hands-on industrial experience, such as the Canadian CORCAN program and the U.S. Federal Bureau of Prisons' UNICOR program (See Chapter 11 on Correctional Industries). Pre- and post-release financial and job search assistance have been provided through work release programs, day reporting centers, and halfway houses.

Some programs combine elements of several separate approaches, sometimes integrating vocational education, trade apprenticeship, prison industrial work experience, and pre-release job search assistance. Some researchers (Johnson, 1984; Beck, 1986; Gendreau, 1993; Bushway & Reuter, 1997) have suggested that combining interventions, and thus targeting multiple offender needs, would increase program effectiveness. While such multifaceted programs may be desirable, they often present a challenge for program evaluation, in that, interpretation of results can be complicated. Some aspects of a multifaceted program may be more effective than others, but when they are simultaneously provided to participants, it is difficult (if not impossible) to disentangle the effects of individual program components. Consequently, interpretation of program evaluation literature is not an easy task and must be considered in the context of program ingredients.

General vocational educational programs involve the provision of classroom opportunities to acquire basic work-related knowledge, such as the basic math skills needed for automotive mechanics or construction tasks. This type of educational program is widely offered and is typically a prerequisite for the more hands-on vocational or job training experiences. The Vocational Delivery System of the North Carolina Department of Corrections (Lattimore, Witte, & Baker, 1990) is an example of a vocational training program without an in-prison "apprenticeship" type component. Participants in this program are offered vocational classes, as well as academic and self improvement courses (i.e. Alcoholics Anonymous). Some vocational programs, such as those offered by the Wisconsin Department of Corrections, offer accreditation to those offenders who complete the program, therefore making it easier for an offender to obtain a trade license (Piehl, 1995). More hands-on types of vocational or apprenticeship training are sometimes offered in conjunction with outside organizations, such as the Home Builders Institute's (1996) Project Trade, which offers a series of construction job training programs for both juvenile and adult offenders. Project Trade attempts to increase offenders basic knowledge of mathematics and vocational skills related to construction trades, as well as improve post-release employment possibilities, through a partnership between the correctional institution and local tradesman. In addition, Project Trade instructors provide community work projects where offenders can gain actual work experience.

II. ARE VOCATIONAL EDUCATION PROGRAMS EFFECTIVE?

What Works. Vocational education programs provided to offenders in prison or residential settings are effective in reducing recidivism. Vocational education participants had significantly lower recidivism than controls in two relatively strong studies (Lattimore et al., 1990; Saylor & Gaes, 1996). Harer (1995a, 1995b), in two different studies, also found that education participants had significantly lower recidivism rates. However, this study combined all education programs with the vocational education so the effect of the vocational education can not be separated. Results from the other studies of reasonable scientific rigor were mixed. Several studies (Van Stelle et al., 1995; Downes et al., 1995) found higher rates of recidivism for the vocational education participants on some measures of recidivism but only one of the comparisons was significant. Vocational education participants in one study (Adams et al., 1994) had a lower recidivism rate but the difference was not statistically significant. Thus, while there are some inconsistencies in the findings, the preponderance of the evidence suggests that vocational education programs are effective.

What We Don't Know. We do not know if community vocational training programs such as those established under the Job Training Partnership Act can be effective. The only available, yet very well-designed, evaluation found that the program completers had higher recidivism rates than the comparisons (Bloom et al., 1994).

III. ASSESSMENT OF THE RESEARCH ¹⁵

Despite the serious methodological limitations of many evaluations in this area, there are also several that are relatively well designed. One study that ranked at the top of the Maryland Scale for research design (level 5) was conducted by Bloom and colleagues (1994) examining the program created by the Job Training Partnership Act (JTPA). JTPA programs were evaluated in several cities and varied in the amount and type of services actually provided. For the most part, JTPA programs provided classroom training in occupational skills, on-the-job skills training, job search services, basic education, real world work experiences, as well as other related services. The programs can, however, vary widely in content. While JTPA programs do not specifically target offender populations, the programs do serve young people with prior arrest records. Among this group, the researchers found that, after a 36 month follow-up period, male JTPA participants had a higher arrest rate (59.2%) than non-participants (55.7%). No statistical tests were conducted on this difference, however. Among males with no arrest history, JTPA participation was associated with a significantly higher arrest rates (25.8%) 36 months after completing the program, than non-participants (18.7%). Finally, after 36 months, female youth JTPA participants had higher arrest rates (7%) after program participation than controls (5.3%), but this difference was not statistically significant. The researchers concluded that the JTPA approach to job training for youths, with and without prior records, may actually increase recidivism.

We were able to uncover only one study (Lattimore et al., 1990) that used a random assignment design to examine the effectiveness of a vocational education program for prison inmates. Components of the program included an assessment of vocational interests and aptitude, specific skills training and post-release employment assistance. While largely methodologically rigorous (ranked at a level of 4 on the Maryland Scale), the evaluation had some problems with attrition and program implementation. The researchers randomly assigned 16 to 22 year old property offenders to a vocational education program or a control group. Findings revealed that vocational education participants had significantly lower new crime conviction rates (36%) than controls (46%). The authors concluded that the vocational education program was effective in reducing recidivism among its participants.

Many of the studies of vocational education programs compare the recidivism of those who participated in a prison-based vocational education program with those who did not. Groups are identified after they leave the prison, so can not they are not randomly assigned to the vocational education programs and comparisons. Because of this, we can never be sure that the participants were not different than the non-participants before they entered the vocational programs. The better studies attempt to equate the groups in some way (e.g., by matching) or statistically control for characteristics that may result in differences between groups.

For example, Harer (1995a) (ranked at a level of 4) conducted an evaluation of educational programs in general, which included vocational education. The study used statistical techniques to

¹⁵ See Appendix B for a table summarizing the findings of these evaluation research studies.

control for attrition and selection effects. Using the entire sample of 1,205 subjects, Harer found that there was an approximate 20 percent reduction in recidivism (statistically significant) due to education program participation. Education course completers (those completing at least one-half of a course in a six month period) had a lower rate of rearrest or parole revocation (30.1%) than those who completed less than one-half of a course in a six month period (39%) and those who completed no courses (44.5%). In a second study, Harer's (1995b) sample consisted of 619 offenders (drawn from the first study) who had spent at least one year in prison. The results were that education program participation reduced the likelihood of rearrest or parole revocation by about 50 percent. Additionally, among those who were rearrested or experienced a parole revocation, education program participants remained in the community longer without failing (65%) than those who did participate. While the results of this study are somewhat promising, it is impossible to determine if the positive outcomes are the result of vocational education, per se, or of some other type of educational program included in the research.

Four other studies (Van Stelle et al., 1995; Adams et al, 1994; Downes et al., 1989; Saylor & Gaes, 1996) with weaker scientific rigor (all scored at level 3 on the Maryland Scale), generally fail to find statistically significant differences in recidivism between those who complete the program and those who drop out or do not participate.

One of these studies (Van Stelle, 1995) evaluated a comprehensive program in Wisconsin (the STEP Program-Specialized Training and Employment Project). This program involved three phases, institutional training, institution/community transition, and a community component. The institutional training component required participants to maintain a full-time job, participate in STEP curriculum classes, attend adult basic education classes (if necessary), and maintain acceptable conduct within the institution. The STEP classroom curriculum involved meeting five times a week for 1.5 hours over a six month period. These meetings focused on developing an attitude conducive to employment, developing life skills, reflecting on long-term work related plans, operationally defining short-term objectives, and developing a work history indicating motivation to complete a project. Training modules in this STEP curriculum included 34.5 hours of employability skills training, 42 hours of cognitive interventions training, 15 hours of money management training, 19.5 hours of relationships training, 15 hours of assertiveness training, 15 hours of anger management training, and 15 hours of pre-release preparation. In the institution/community transition component included transfer to a minimum security facility and meetings between with community staff to assist with employment placement. STEP participants were contacted by an outside employment agency representative prior to release to assess each student's interests, abilities, and circumstances, build a rapport with the agency contact, and set realistic job expectations. Finally, the community component included employment assistance, intensive supervision, and support services. STEP participants were required to maintain full-time employment, comply with supervision conditions, attend criminality relapse prevention counseling, and continue to address their educational needs. The findings revealed that STEP program appeared to increase recidivism rather than decrease it. Program completers had a significantly higher average number of parole violations ($M = 6$) than controls ($M = 1$). In addition, they found that STEP program completers had more rearrests (24%) than controls (19%), although this result was not statistically significant. Van Stelle and colleagues examined the differences between those who completed and those who dropped out of the program.

As a result, no data are available on who STEP completers might have compared to those who never entered the program.

Another study (Adams et al., 1994) was a large scale evaluation of the effects of education programs on an entire group of inmates released from prison in Texas. This evaluation (ranked at a level of 3) had substantial shortcomings in terms of its control for the effects of program drop-outs and the selection of subjects for each group. The authors found that those who participated in a vocational education program had fewer returns to prison (20.9%) than controls (25.1%), but the difference was not significant. Another study (Downes et al., 1989) of similar scientific rigor also found no significant differences between program participants and non-participants. This study assigned offenders to program and comparison groups by matching them on a few characteristics. Program participants were involved in vocational and/or adult basic education programs. All instruction was individualized, competency-based courses that lead to either certification or associates degrees in specific vocational areas. Participants could also enroll in several college-level courses offered by the state's higher education system. In addition to academic and vocational education, the program included a career services component which helped students with job placement services, job preparation and other life skills, (thinking skills, good work habits, and social/interpersonal skills). The results of the study indicated that participants had more parole failures (24%) than non-participants (20%), but the difference was not statistically significant. The research design was rated a level 3 on the Maryland Scale because it was relatively well-conducted, but, among other drawbacks, small sample sizes detract from the confidence that can be placed in these results.

Finally, Saylor and Gaes (1996) assigned offenders to the treatment and comparison group by matching them on particular characteristics, but like the previous study did not use statistical control for program drop-outs. After a follow-up period ranging from 8 to 12 years, the researchers found that those who participated in the vocational training or apprenticeship program had a 33 percent lower risk of new offense returns to prison than the matched control group. This difference was statistically significant. During the same follow-up period, those who had prison industry, vocational training, or an apprenticeship had a 23 percent lower risk of new offense recommitment than the matched controls. This difference, however, was not significant.

Five studies (McGee, 1997; Ryan, 1997; Anderson, 1995b; Piehl, 1995; Schumacker et al., 1990) were judged to be so weak in scientific rigor (level 2) that little confidence be placed in their results. Collectively, however, they still provide some useful information, in that, all four consistently show positive results for vocational education programs.

McGee (1997) evaluated post-secondary education programs offered in prison, including both academic and vocational education. However, the study only compared completers and non-completers. The findings revealed that, after an average follow-up period of three years, male vocational education program completers had fewer returns to prison (13.4%) than matched comparison non-completers (38%). For females, after the same average follow-up period of three years, vocational education program completers had fewer returns to prison (5%) than the matched comparison non-completers (25%). Overall, of vocational education program completers who were employed had fewer returns to prison (8.7%) than matched comparison non-completers (38%).

These results appear positive for vocational education programming, the study utilized a very weak design and did not conduct statistical significance tests. Schumacker and colleagues (1990) conduct an evaluation of a vocation education program that incorporated the use of random assignment to the program and control groups. However, the researchers failed to use any statistical controls for the detrimental effects of program drop-out. The researchers found that the vocational education participants had fewer parole violations (21%) than controls (28%). No statistical tests were conducted so there is no way to detect whether this difference may be due to chance or an actual difference between the groups.

Ryan (1997) conducted an evaluation of an in-prison carpentry skills training program, which included work on community construction jobs. The results were supportive of vocational education. After a follow-up period ranging from 36 to 84 months, job training program participants had fewer "non-positive parole outcomes" (25%) than non participants (41%). This difference was statistically significant. However, this evaluation has substantial methodological shortcomings and results should therefore be interpreted cautiously. For example, Ryan compared all program completers to a control group generated by creating a pool of offenders matched on age, race and type of crime. From this pool, a random sample was drawn to serve as the control group. This procedure is not a truly random assignment because program participants were not also randomly assigned.

Two other methodologically weak studies also found supportive evidence for vocational education programs. Anderson (1995b) collected data on an entire release cohort, and found that vocational education program completers had fewer returns to prison (28.7%) than the control group (31.3%). There were, however, no tests of statistical significance reported and statistical controls for pre-existing group differences or program drop-outs (attrition) were not used. In another study, Piehl (1995) compared those who completed education and vocational education programs to a group of offenders who were eligible for, but did not participate in each program. Positive results were found for program participation. Vocational and education program completers had significantly lower recidivism (approximately 35%) than the controls who were eligible for vocational or educational programs (approximately 40%). However, there were no statistical controls for or even description of subjects who dropped out of the programs.

Several studies ranked at the bottom (level 1) of the Maryland Scale for scientific rigor (Coburn, 1987; Craig and Rogers, 1993; Gainous, 1991; Green et al., 1993; Home Builders Institute, 1996; Hull, 1995; Jenkins et al., 1995; Maryland Department of Public Safety and Correctional Services, 1989; Tracey and Johnson, 1994a; Winterton, 1995). No reasonable conclusions can be based on the results of these studies due to their weak methodology.

IV. CONCLUSION

Many authors have reviewed research studies examining the effectiveness of vocational education programs in reducing recidivism, with some concluding that the programs are at least minimally effective under certain conditions or with some groups (Gerber and Fritsch, 1993, Bushway and Reuter, 1997, Tracy and Johnson, 1995). Others conclude that these program do not have any

effect on recidivism (Beck, 1978). Most of these authors do agree that there is conflicting evidence. The current review is no different in that regard. While some studies of fairly high scientific rigor have shown positive effects (Harer, 1995, Lattimore et al., 1990) others demonstrated negative impacts on recidivism (Van Stelle, 1995) in some cases even increasing recidivism (Bloom et al., 1994). However, overall there is sufficient evidence to conclude that some vocational education programs appear to be effective in reducing recidivism. However, employment programs, such as JTPA, do not appear to be effective. More research, however, is required before any definitive conclusions can be drawn about this type of vocational training.

Implications for Washington Department of Corrections Programming ¹⁶

Some of the vocational education programs offered by the DOC are labeled as Crime Related programs. They are offered by several sources, including institutions and local community colleges. The programs vary in length and employ an educational model. The vocational education programs offer training in skills necessary for particular types of employment, such as computer literacy, automotive repair, and carpentry. Also, some programs offer employment-related skills, including interview etiquette, résumé construction, and job search methods. Our assessment of the research revealed that vocational education programs are effective in reducing recidivism. The research focused on programming within institutions or programs with both a prison and community component. In short, the research assessed seems to be applicable to the institution-based programming offered by the DOC. The research on institution-based programming was not designed in a way that would allow a separation of what components may be more effective than other components. As such, it is not clear whether job search assistance, specific skills training, or other activities might be important features to include in vocational education programs.

¹⁶ No evaluation was conducted of Washington State Department of Corrections programming and, therefore, no statement can be made about whether DOC programs work. This section contains a comparison of the reported components of DOC programming with those program components that were found in the above evaluation research to be effective or ineffective in reducing recidivism.

CHAPTER 5 OTHER WORK PROGRAMS

I. INTRODUCTION

Correctional work programs often involve the use of inmate labor to perform tasks essential to the operation of a prison facility. Examples of work performed by inmates include cleaning, maintenance, painting, grounds keeping and basic carpentry or electrical work. The expressed goal of these programs is often to reduce inmate idleness, as well as prison operating costs (Maguire, et al. 1988). However, few if any of these programs are specifically designed with recidivism reduction as a primary goal. In light of these stated goals, and the fact that these work activities tend to be relatively unstructured, providing little beyond menial or semi-skilled work experience, it is unlikely that they have measurable impacts on recidivism. It may not be accurate to describe many of these activities "programs" in the sense that they are not as structured, intense, or based on inmate needs, as are most correctional interventions. As a result, there is a general lack of research evaluating these activities in terms of recidivism reduction.

One in-prison work activity program is the Washington State McNeil Island Work Ethic Camp. This unique program is a four-month alternative sentencing option for adult male and female offenders. The camp, opened in 1993, is designed to provide an intensive employment experience within the prison environment that gives offenders the "opportunity to develop a positive work ethic and crime-free lifestyle through a regimented program" (Campbell, 1996). Offenders with no history of violence or sex crimes are eligible to participate. According to initial estimates, approximately 600 offenders would enter the program per year. The program itself consists of two components, classroom activities and work. Participants receive an initial needs assessment, including educational level, substance abuse needs, and job interests. Classroom activities are then tailored to those individual needs. Participants are also assigned to work crews where they are supervised by correctional staff. During the first 30 days, they are assigned to "clean up crews" and in the following months are assigned to other details which perform specific tasks, such as working in a meat plant, repairing cars, and so on. Basic job skills and work ethics are reinforced in the course of these work experiences. Transitional aftercare services are also part of the program. Participants are screened for transitional needs and plans are developed to meet those needs, while under intensive community supervision.

Other programs provide employment opportunities and/or services for offenders in community settings. For example, a work release program may allow participants to leave the facility during their last few months in prison to either seek employment or, more commonly, to participate in some type of work program (Turner & Petersilia, 1996). The goal of this type of program is to ease the participants' transition from institution to community and promote productive, stable employment following release. According to Turner and Petersilia (1996), work release has been a part of many correctional systems for nearly 80 years and, while 43 states have statutes allowing work release programs, only about one third of these states actually operate such programs. The researchers

estimate that fewer than three percent of all prison inmates participate in work release. Some of the reluctance of states to utilize such programs no doubt stems from the fear that inmates released to work may pose a public safety risk. In addition, federal funding for these programs is limited.

Halfway house programs are another community-based intervention which has been used in various forms since the 1800s (Latessa & Travis, 1991). In the 1960s, when the move toward deinstitutionalization emerged, halfway houses became more prevalent. More recently, they have seen a re-emergence due to the need of correctional systems to alleviate prison crowding. Halfway house programs have been tailored to fit both the security level and particular needs of offenders. These type programs have specialized on drug treatment, counseling, education or employment (Latessa & Travis, 1991). Halfway houses, in which a substantial program component revolves around the offender seeking and maintaining stable employment, have been evaluated by several researchers (Hartmann, Friday, & Minor, 1994).

Other types of community employment programs attempt to ease the transition from prison to the community by assisting participants to obtain information and assistance in employment while they are in prison or upon release. This section focuses on programs that attempt to provide work experiences, work ethics or employment services to offenders.

II. ARE WORK EXPERIENCES, WORK ETHICS OR COMMUNITY EMPLOYMENT SERVICES EFFECTIVE?

What Works. Some types of community employment programs are effective in reducing the recidivism of offenders (Uggen, 1997; Clark et al., 1992). However, the mixed results found by Milkman (1985) lead us to have some concern about the effectiveness of different implementations of community employment programs.

What's Promising. Transitional programs that begin individualized employment preparation and job search assistance in prison and continue upon release hold promise for reducing recidivism. Menon and colleagues (1992) found significantly lower recidivism for the high-risk participants suggesting that, for some individuals, a transitional employment is effective.

What We Don't Know. There is insufficient research to draw conclusions about the effectiveness of work ethics programs or in-prison work programs (Washington State Department of Corrections, 1995). Nor is there sufficient research to determine whether halfway houses with enhanced employment services are effective (Latessa and Travis, 1991). Furthermore, no conclusion can be drawn about the type of offenders (different risk levels or ages) who may benefit from community work programs (Uggen, 1997; Menon et al., 1992). There is no evidence that work release programs that focus on increased supervision requirements and surveillance are effective and such programs may lead to increased technical violations (Turner & Petersilia, 1996).

III. ASSESSMENT OF THE RESEARCH ¹⁷

There are several studies using strong research designs that enable us to draw conclusions about the effectiveness of community employment. From this work, we conclude that some community employment programs are effective in reducing recidivism. Again, as we have noted in other sections of this report, all types of employment programs are not successful. Clark and colleagues' (1992) study, incorporating very strong research methods (rated level 5 on the Maryland Scale) of enhanced employment searches suggests that this is an effective method for reducing recidivism. Similarly, while not as strong methodologically, Menon and colleagues' (1992) study of employment programs suggests that this might be effective for offenders who are at high risk for recidivism. However, there is little overall consistency in the results of the research. In some studies, no differences in recidivism were found between program participants and nonparticipants (Uggen, 1997; Latessa & Travis, 1991) and, in others, differences in effectiveness varies by site (e.g. see Milkman, 1985) or by measure of recidivism (Turner and Petersilia, 1996). We hypothesize that some of these differences are the result of the implementation of the programs and/or the type of offenders who participate in the programs. In other words, as is evident throughout this report, all programs do not appear to work for all offenders. Some of the exploratory research suggests that older offenders may benefit more than younger offenders (Uggen, 1997) or that offenders at higher risk of recidivism may benefit more from employment programs (Menon et al., 1992). Furthermore, the results of Turner & Petersilia's (1996) study of work release suggests that the increased surveillance of offenders in these programs could lead to more returns to prison for technical violations.

Several studies have investigated the impact of transitional work programs designed to help offenders find employment upon release from prison. Turner and Petersilia's 1996 evaluation of Washington State's work release program used a generally high-quality random assignment design (rated level 4 on the Maryland Scale). The researchers attempted to minimize the possible biases resulting from attrition (dropouts) and used other statistical techniques to further reduce the impact of possible pre-existing group differences on recidivism. Despite some shortcomings, the evaluation was generally well designed and conducted. The Washington DOC work release program includes requirements that participants remain in the work release facility at all times (except as approved to go out to work) that they remain drug- and alcohol-free, be employed or have resources to meet their financial needs, report all income to program staff, and obey all laws. Offenders are required to pay a small amount towards their room and board. Dependent on court order, they must also pay all required support to their families and restitution to the court. Residents are responsible for finding work with the assistance of work release program staff. The work release participants were found to have lower rearrest rates (22.3%) and reconvictions rates (7.1%) than nonparticipants (30.2% rearrests, and 7.6% reconvictions) but these results were not statistically significant. None of the nonparticipants were returned to jail, as opposed 3.4 percent of the work release participants (statistically significant). While not statistically significant, the work release participants were also returned to prison for new crime at a higher rate (4.7%) than the comparison group (3.6%). Overall,

¹⁷ See Appendix B for a table summarizing the findings of these evaluation research studies.

while somewhat mixed, most of the results of this study were not significant. The two exceptions are that work release participants had higher rates of return to prison and jail for program infractions. This may be attributable to increased supervision or tighter restrictions on work release participants than those offenders in the comparison group. The authors conclude that the program did not appear to succeed in reducing either recidivism or correctional costs.

In another investigation of a transitional program, Menon and colleagues (1992) examined the effectiveness of a Texas in-prison program, called Project RIO. Project RIO, as evaluated by Menon includes the development of an Employability Development Plan, by both a counselor and soon-to-be-released inmate. This plan is used by the parole officer at the release site. In addition, offenders are helped in obtaining necessary work documents, such as social security cards and birth certificates. These counselors also encourage clients to participate in ongoing vocational, apprenticeship, secondary and post-secondary training, as appropriate, while still in the prison. In addition, staff provide job preparation and job search services after release. Where available, usually in more urban areas, participants attend a 20 hour job search workshop focusing on basic skills, such as filling out an application, preparing a résumé, and performing a mock interview. Releasees may also be referred for community services such as inmate support groups, food stamps, bus tokens for job interviews, and on-the-job training programs, as available. Staff also make sure that prospective employers are aware of hiring incentives that may apply to their companies. The evaluation design included a control group of non-Rio participants. Findings reveal that "high risk" participants had significantly fewer rearrests (48%) and reconvictions (23%) than "high risk" non-participants (57% rearrests, 38% reconvictions). Likewise, "low risk" participants had fewer rearrests (16%) and reconvictions (0.6%) than low risk comparisons (18% rearrests, 1% reconvictions), but statistical tests of significance are not reported for these results.

Another type of transitional program is the halfway house. We located two studies of halfway houses that provided offenders with enhanced employment services. Hartmann et al. (1994) evaluated a halfway house program, which included classes aimed at teaching employment skills, job seeking and retention skills, basic life skills, as well as preparation for the GED. The study examined the recidivism rates of subjects who were successful program completers and those who were unsuccessful at completing the program. Findings indicated that halfway house employment program completers had significantly lower rearrest rates (52%) and lower felony rearrest rates (44%) than non-completers (75.3% rearrests; 68.8% felony rearrests). The lack of a separate control group, however, makes it difficult to attribute any reduction in recidivism to program effectiveness. Latessa and Travis (1991) examined the impact another halfway house program that included enhanced services and employment assistance. Halfway house participants received services such as vocational training, employment, educational, budgeting, drug, alcohol, mental health, welfare services, as well as family, group, and individual counseling. A comparison group was randomly drawn from the probation population but no information was provided about how the halfway house groups were selected. The study found that halfway house participants had fewer new crime convictions (29.5%) than the comparison probation subjects (30.7%), although this difference was not significant.

Some studies have investigated the effectiveness of enhanced employment services provided to offenders in the community. Uggen (1997) conducted a particularly rigorous evaluation of a

community employment program. Subjects were randomly assigned to the program and control groups, in order to control for differences between the groups. After assignment, program participants were offered a minimum-wage, subsidized job and were assigned to work crews of 8 to 10 people led by a supervisor who acted as a counselor. The program drop-outs and completers were included in the study. One possible limitation of this research was the reliance on self-reported behavior. Other than this possible limitation, the study is strong methodologically. The results indicated that after three years, employment program participants (of all ages) had the same rearrest rate (43%) as those not participating in the program (43%). Follow-up analyses suggested that older offenders benefitted more from the program than the younger offenders. It is not clear whether this short term reduction in recidivism among older offenders would be maintained over a longer follow-up period.

In a study of enhanced employment search assistance, Clark and colleagues (1992) matched a sample of offenders in pairs who had volunteered to participate in an enhanced employment services program. One of each matched pair was assigned to the program and the other became a member of the control group. While 52.3% of the program participants dropped out of the program, the researchers did compare recidivism of the total participant group to the control group. Also, subjects were included as participants if they attended only one meeting. In addition, the enhanced employment services provided to the program group were very similar to the services provided to those in the comparison group. Findings indicated that 56.7% of the program group participants had misconduct violations compared to 66.7% of the comparison group. Similarly, the program participants averaged 1.03 misconduct violations for the six month follow-up period, while the comparisons averaged 1.23 misconduct violations. Neither of these differences were significant. Program participants did have significantly lower rates of return to prison (13.3%) compared to matched controls (33%). Similarly, program participants went a significantly more time on average before their first misconduct violation (125.2 days) than matched controls (81.8 days).

In another evaluation, Milkman (1985) randomly assigned subjects to a program and comparison groups to assess the effectiveness of a program that included job development classes, job counseling, job readiness training, orientation, needs assessment, screening and evaluation, and referral to other agencies for additional services, as needed. This program was evaluated in three cities; Boston, Chicago, and San Diego. Milkman found that participants who received program services and were placed in jobs had more rearrests for any reason, but also for serious crimes, than nonparticipants in Boston and Chicago, but not San Diego. Finally, those who received program services and were placed in jobs had more "income producing crime rearrests" in all cities than comparisons. In general, the results of the analysis do not indicate that the program was successful in reducing recidivism. Comparison of the recidivism rates themselves showed no significant results, in some cases increasing and in others decreasing with various recidivism rates.

Only one evaluation of the Work Ethic Camp has been conducted to date, the one year follow-up report prepared by the Washington State Department of Corrections. The evaluation focused mainly on a descriptive analysis of the Work Ethic Camp participants. However, an attempt was made to compare the recidivism of participants with a matched comparison group. Findings from this preliminary evaluation reveal that Work Ethic Camp (WEC) participants had a lower average

number of "community custody inmate" violations per offender (2.2) than the control group (2.9). No statistical significance tests were reported. WEC participants also had a higher rate of returns to prison (25%) than controls (24%), again with no significance tests reported. Finally, 35% of both WEC participants and controls were rearrested. This research design was methodologically weak (rated at level 2 on the Maryland Scale), reducing the confidence that can be placed in its findings.

One study identified in the area of community employment rated at the bottom of the Maryland Scale for scientific rigor, meaning that no reliable conclusions could be drawn from its results (Gray and Wren, 1996).

IV. CONCLUSION

Based upon these findings and the quality of the research, we conclude that there is sufficient evidence to say that some employment programs are effective in reducing the recidivism of offenders. The enhanced employment search program evaluated by Clark et al. (1992) did appear to reduce the number of misconduct violations and returns to prison for the participants. Similarly, the Menon et al. (1992) evaluation suggests that employment programs targeting offenders at high risk for recidivism may be successful in its reduction. Additionally, there is some evidence to suggest that work release programs may have an effect on recidivism. However, these results are not consistent in the research, making it difficult to draw definitive conclusions on this issue. Using the methodological rigor and significance tests as guidelines, we conclude that the program had the effect of reducing rearrests and return-to-jails for the participants. But, it also had the effect of increasing the returns to prison for violations of conditions of supervision.

The evidence relating to halfway house programs is more consistent -- there is no evidence that the employment interventions provided by the halfway house program evaluated by Latessa and Travis (1991) had an impact on recidivism. The Uggen (1997) study of pre-release or in the community employment services did not find an effect on recidivism. However, in the follow-up study focusing on offender age, the research suggested that programs may be more effective for older offenders. Similarly, the Milkman study (1984) failed to find convincing evidence that these programs are successful at reducing recidivism.

Overall, the research leaves us with many questions about the implementation and target population for successful community employment programs. We do believe that there is enough consistency in the findings of several methodologically-sound studies to conclude that some programs are effective in reducing recidivism.

Preliminary results from this first evaluation of the McNeil Island Work Ethic program allow for no particular conclusions to be drawn. While it appears that WEC participants had fewer supervision violations, more frequent returns to prison, and rearrest rates equal to those of offenders not participating in the program, without tests of statistical significance there is no way to assess

whether these are meaningful findings. In other words, there has not been adequate research to determine whether the WEC program has an impact on recidivism.

Implications for Washington Department of Corrections Programming

The DOC Work Release Program (described above) was the focus of a recent evaluation by Petersilia and Turner (1996). The research was of fairly high quality and concluded that the Work Release Program was not effective in reducing recidivism. However, the recidivism rates are surprisingly low leading us to question whether the offenders eligible for program participation are already at relatively low risk for recidivism. Rehabilitation research consistently recommends that intensive rehabilitative programs should target offenders at high risk for recidivism to achieve noticeable effects. The recidivism rates for some offenders are already so low that there is little room for change. This may be what occurred in the work release study. As an illustration of this point, one study (Menon et al., 1992) separated the high and low risk participants and found significant difference only with the high risk offenders.

The Washington Work Ethic Camp has been the focus of a specific evaluation. However, the evaluation is mostly descriptive and only includes limited information on recidivism. Since there is some evidence that community programs offering services to participants may reduce recidivism, it might be helpful for the Work Ethic Camp to enhance the community phase of the program. Furthermore, since both prison industries and vocational education programs have been found to be effective in reducing recidivism, the prison phase of the Work Ethic Camp might benefit from enhancing these components within the program.

CHAPTER 6

COGNITIVE BEHAVIORAL THERAPY PROGRAMS: MORAL RECONATION THERAPY AND REASONING AND REHABILITATION

I. INTRODUCTION

Cognitive-behavioral therapies comprise a number of different approaches which attempt to change behavior by changing the dysfunctional ways an individual thinks -- their attitudes, beliefs, and thinking patterns (Porporino, Fabiano, & Robinson, 1991). Mahoney & Lyddon (1988) suggest that there are about 20 different types of cognitive-behavioral therapies which generally fall into two different areas; moral reasoning and development, and information processing. This review will examine rehabilitation programs which provide examples of these two approaches; Moral Reconciliation Therapy focuses on moral reasoning and development, and Reasoning & Rehabilitation focuses on information processing.

In terms of criminal behavior, the cognitive-behavioral tradition suggests that criminals think differently than noncriminals, either because of a lack of moral reasoning or through dysfunctional information processing. Thus, cognitive-behavioral rehabilitation programs in a correctional setting should focus on changing these problematic thought processes which are contributing to criminal behavior. Research has shown that improved reasoning and pro-social thinking skills are related to reduced recidivism (Gendreau & Ross, 1981). Specific therapies based on these concepts, such as Moral Reconciliation Therapy and Reasoning & Rehabilitation, have been developed and implemented for correctional populations (Ross & Fabiano, 1985; Little & Robinson, 1988).

Moral Reconciliation Therapy

The moral development approach suggests that individuals with higher levels of moral reasoning are better able to choose to engage in behavior which is "right" rather than behavior which is considered to be "wrong" (Arbuthnot & Gordon, 1988). This implies that criminals, since they have chosen "wrong" behavior, are at lower levels of moral development. Research examining moral development among delinquents is generally supportive, finding that delinquents tend to use lower levels of moral reasoning (Arbuthnot & Gordon, 1988). Rehabilitation programs aimed at improving the moral reasoning of delinquents, including Moral Reconciliation Therapy, have been developed and implemented in a correctional setting (Little & Robinson, 1988).

Moral Reconciliation Therapy (MRT) was developed in the tradition of the moral development approach as a way of reducing recidivism by increasing the moral reasoning abilities of offenders (Little & Robinson, 1988). Specifically, the program incorporates seven elements of treatment; confrontation and assessment of self, assessment of current relationships, reinforcement of positive behavior, identity-formation, enhancement of self-concept, decreasing hedonistic orientation and

increasing delay of gratification, and development of higher stages of moral reasoning (Little & Robinson, 1988).

MRT is designed as either a twelve or sixteen step program, and clients may participate during incarceration and in aftercare programs upon release from the correctional facility. The first studies indicated that MRT is successful in reducing the hedonistic orientation of clients and increasing levels of moral reasoning (Little & Robinson, 1988, 1989a). Additional studies have examined the impact of participation in MRT programs on recidivism (Burnette, 1997; Godwin, Stone, & Hambrock, 1995; Krueger, 1997; Little & Robinson, 1989a, 1989b, 1989c; Little, Robinson, & Burnette, 1990, 1991a, 1991b, 1993a, 1993b, 1994; Little, Robinson, Burnette, & Swan, 1995a, 1995b, 1996).

Reasoning & Rehabilitation

In an examination of correctional rehabilitation programs, Ross and Fabiano (1985) determined that successful programs shared one factor, the inclusion of an offender's cognitions, thoughts, and attitudes as a target for change. Ross and Fabiano (1985) also found that the development of certain cognitive skills, including the ability to identify consequences of behavior, problem-solving, and ability to use means-ends reasoning, is delayed in many offenders. In response to this research, Reasoning & Rehabilitation (R&R) was developed as an educational, skills-based intervention for high-risk offenders (Ross & Fabiano, 1985).

Based on the information-processing approach to cognitive therapy, R&R aims to change the underlying thoughts and attitudes that lead to criminal behavior by teaching rather than treating offenders (Porporino et al., 1991). Specifically, the program aims to help offenders develop self-control, critical assessment of thinking, social skills, analysis of interpersonal problems, problem-solving, and empathy (Ross, Fabiano, & Ewles, 1988).

The R&R program is designed for small groups of high-risk offenders during incarceration and probation (Porporino & Robinson, 1995; Raynor & Vanstone, 1996). Preliminary results indicate that this program is successful in increasing the cognitive skills of offenders and in developing more pro-social attitudes (Fabiano et al., 1991). Additional studies have examined the impact of participation in R&R on recidivism (Johnson & Hunter, 1995; Knott, 1995; Porporino et al., 1991; Raynor & Vanstone, 1996; Robinson, 1995; Robinson, Grossman, & Porporino, 1991; Ross et al., 1988).

II. ARE COGNITIVE BEHAVIORAL THERAPY PROGRAMS EFFECTIVE IN REDUCING RECIDIVISM?

Moral Reconciliation Therapy

What Works. Moral Reconciliation Therapy is effective in reducing the recidivism of offenders. At least five studies, of sufficiently rigorous scientific methodology, have found significantly

lower recidivism rates between MRT participants and comparison groups on at least some measures of recidivism (Little et al., 1996, 1995a, 1995b, 1994, 1993a, 1993b).

Reasoning and Rehabilitation

What Works. Reasoning and Rehabilitation programs are effective in reducing the recidivism of offenders. At least two studies, using reasonably rigorous scientific methods, found significant differences in recidivism between R&R participants and control groups. In the majority of the eight studies, and on the major of the different measures of recidivism, the R&R participants had lower recidivism than the comparison groups. Thus, according to our criteria, R&R is effective.

III. ASSESSMENT OF THE RESEARCH ¹⁸

Moral Reconation Therapy

Most research seems to support the proposed beneficial influence of MRT on moral development and criminal behavior. By not including a comparison group, one study (Little & Robinson, 1989b) was not of sufficient scientific rigor (score of level 1) to make any accurate statement about the effect of MRT on the recidivism of participants. Several other studies do allow estimations of the effectiveness of MRT in reducing recidivism. Most of this research has been conducted by the originators of the program, Little and Robinson, who followed different groups of offenders over several years. The earliest studies focused on the use of MRT with drug and alcohol offenders. This research has generally found that those offenders who participate in MRT are less likely to be rearrested and reincarcerated than a comparison group composed of individuals who volunteered for treatment but were unable to participate (Little & Robinson, 1989a, 1989c; Little et al., 1990, 1991a, 1991b, 1993a; Little et al., 1995b). The importance of these early results is not clear since most of these studies did not include statistical significance tests (all of these studies received scores of level 3 or 2 on the Maryland Scale).

The effectiveness of MRT with a group of felony offenders was also evaluated by Little and Robinson. These studies are more recent and somewhat more methodologically sound (all rated at level 3 on the Maryland Scale). Generally, the results indicate that felony offenders who participate in MRT are also less likely to be rearrested or reincarcerated than volunteers who were unable to participate (Little et al., 1993b, 1994; Little et al., 1995a, 1995b, 1996). In all of these studies, the difference in reincarceration rates between MRT participants and the comparison group was statistically significant, however, only one study (Little et al., 1994) found that the difference in rearrest was significant. Additional studies have looked at the impact of MRT on recidivism in other settings, including a short-term jail facility (Krueger, 1997), a program for probationers (Burnette, 1997), and a substance abuse treatment program in a detention center (Godwin et al., 1995). These

¹⁸ See Appendix B for a table summarizing the findings of these evaluation research studies.

studies have also found that participation in MRT reduces the likelihood of rearrest and reincarceration compared to the control group in each of the studies. The differences in rearrest and reincarceration rates are reported to be statistically significant. However, both of these studies received a ranking of level 2 on the Maryland Scale, meaning that little confidence can be placed in these findings.

There are some problems with these studies in terms of the selection of comparison groups and the control of extraneous variables which may influence recidivism. No MRT study scored above level 3 on the Maryland Scale, which indicates that the research in this area is only mediocre. Comparison groups in most of these studies are non-randomly constituted, and any differences between the treatment and comparison groups in terms of other factors which may influence recidivism are rarely discussed. Additionally, since the program is relatively new, few outside evaluations exist. Most studies follow the same group of participants, limiting the generalizability of the findings. The only studies conducted with other offender populations were so poorly designed that they do not provide quality evidence about the effects of MRT. Additionally, most of the research was conducted by Little and Robinson, who are the two individuals who developed, and now market, the program. This raises several issues. Primarily, these type of studies can amount to self-evaluations involving a conflict of interest. However, programs evaluated by their developer may be better implemented than other programs (MacKenzie, 1997). Recognizing these issues, the results of the studies do provide some reasonable evidence that the program is effective in reducing the recidivism of participating offenders.

Reasoning & Rehabilitation

Most of the evaluations of Reasoning and Rehabilitation (R&R) have been conducted within the past ten years on the program that was initially implemented in the Canadian correctional system. Additional studies have examined programs in Britain and Colorado. All of the evaluations of R&R ranked at level 3 or 4 on the Maryland Scale. The two studies that were ranked at level 4 (Porporino & Robinson, 1995; Ross et al., 1988) focused on the Canadian program. Their findings, along with those of the other researcher evaluating this program (Porporino et al., 1991; Robinson, 1995; Robinson et al., 1991), generally found that federal offenders who participated in R&R are less likely to be reconvicted and readmitted to prison than volunteers for the program who were randomly assigned to a waiting-list control group. These results are relatively consistent for community-based programs, offenders incarcerated for different types of crimes, and offenders who differ in their level of risk (Porporino & Robinson, 1995; Robinson, 1995). Some of the findings of these studies provide contradictory evidence, but overall, the findings support a beneficial influence of the program.

Additional studies (all ranked at level 3 on the Maryland Scale) have evaluated variations of the R&R program, including programs for probationers in Britain (Knott, 1995; Raynor & Vanstone, 1996) and Colorado (Johnson & Hunter, 1995). Johnson & Hunter (1995) found that R&R participants were less likely have their supervision revoked than individuals randomly assigned to a control group. However, studies of similar scientific rigor present contradictory evidence. Raynor and Vanstone (1996) find that, during a twelve-month follow-up, the reconviction rate for any offense and for serious offenses was lower for R&R participants than for control groups, but this difference

disappeared at the 24 month follow-up. Knott (1995) found that R&R participants have a higher reconviction and reincarceration rate than the control group. However, none of these studies conducted statistical significance tests of the results, so the differences between the treatment and control groups may be due to chance.

Our overall evaluation of the research on the effectiveness of the R&R program in reducing recidivism leads us to conclude that the program is successful in reducing recidivism. We draw this conclusion based on the eight studies that are scored at level three or above on the Maryland Scale, and in most cases, the R&R group had less recidivism than the comparison group. The methodology of these studies is relatively strong in that they utilize the random assignment of individuals to treatment and control groups. However, there are some qualifications of our conclusions. First, there are few significant differences between the R&R groups and the comparisons reported in the research, in part because few statistical tests were used. Second, some of the differences between the R&R group and the comparison group showed higher recidivism for the program participants. These findings may be due to differences in the characteristics of the individuals in the two (or more) groups. Prior meta-analyses suggest that frequently treatment programs are more effective with high risk offenders (Andrews et al., 1990). This does not appear to be the case with all the R&R program evaluations. For example, Porporino and Robinson (1995) found that the program had a stronger effect on low risk offenders. In contrast, Robinson and colleagues (1991) found just the opposite. R&R appeared to reduce the recidivism of high risk group, but increase this behavior among the low risk group. However, Porporino and Robinson (1995) conducted a more scientifically rigorous study.

IV. CONCLUSION

Research evaluating the effectiveness of MRT and R&R in reducing recidivism is limited both in the number of evaluations and in the methodology used. Both programs are relatively new. Overall, though the research is limited and the evidence is problematic, both programs appear to be successful. Despite the weak methodology, studies evaluating the effect of MRT on recidivism report highly consistent results. Additionally, with few exceptions, evaluations of R&R generally provide support for the beneficial influence of the program. As Ross and Fabiano (1985) have suggested, these programs which focus on changing participants' thoughts and attitudes, either through moral development or through changing the thoughts and attitudes of offenders, appear to be effective approaches to reducing recidivism.

Implications for Washington Department of Corrections Programming¹⁹

Washington DOC offers the Moral Reconciliation Therapy cognitive skills program both separately and as a component of chemical dependency program. The program instructors are DOC staff and Community Corrections Officers. Our assessment of the research indicates that MRT appears to be effective in reducing recidivism. Most of the available research was conducted by the very individuals that created the program. While this may call into question the credibility of the findings, it may also suggest that the programs may be better implemented than MRT programs removed from the influence of the program creators. Since MRT programs at the DOC are offered to different offender populations (both chemically-dependent and offender in general) and they are conducted in many different settings by different individuals, it is important to consider the issue of implementation. If services are delivered in a consistent way across all the MRT programs and offenders remain in the program, we conclude that the programs can be effective in reducing the recidivism of participating offenders.

¹⁹ No evaluation has been conducted at this time of Washington State Department of Corrections programming and, therefore, no statement can be made about whether DOC programs work. This section contains a comparison of the reported components of DOC programming with those program components that were found in the above evaluation research to be effective or ineffective in reducing recidivism.

CHAPTER 7

SEX OFFENDER TREATMENT

I. INTRODUCTION

The prevalence of sex offenders in the criminal justice system has increased over the past several years. In some jurisdictions, sexual offenders represent approximately one-third of state and prison populations (Norris, 1992). In attempts to curtail sexual offending, legislatures have introduced several preventative measures (e.g., sex offender registration and community notification of sex offender release). In addition to the legislative response, correctional authorities throughout the United States and other Western nations have introduced institutional sexual offender treatment programs in their facilities in an attempt to prevent recurring sexual deviance among their offenders upon release (Marshall, Jones, Ward, Johnston, and Barbaree, 1991). Several attempts have been made to evaluate the effectiveness of these prison, as well as non-prison, treatment programs. The interpretation of the findings, however, remain controversial (Barbaree, 1997). For instance, several recent meta-analyses and literature reviews emphasize the inconsistent findings of treatment effects on sexual recidivism (Furby, Weinrott, and Blackshaw, 1989; Nagayama Hall, 1995; Quinsey et al., 1993; Marshall et al., 1991).

In 1995, Nagayama Hall conducted a meta-analysis consisting of twelve sex offender treatment studies, which compared treated and untreated offenders. The study found that the treated sexual offenders had fewer sexual rearrests (9%) than the sexual offenders in the control group (i.e., the group not receiving treatment) (12%). Furthermore, the research showed that cognitive-behavioral treatment programs were more effective in curtailing future sexual deviance among offenders than hormonal treatment programs but were not significantly different from each other (Nagayama Hall, 1995). In addition to Nagayama Hall's meta-analysis, literature reviews conducted by Marshall et al. (1991) and Blanchette (1996) come to similar conclusions concerning the effectiveness of sex offender treatment programs. These researchers found an apparent benefit of treatment and tentatively concluded that cognitive-behavioral treatment paradigms are encouraging in regards to reducing subsequent offending.

In contrast to the positive treatment effects mentioned above, Furby et al. (1989) and Quinsey et al. (1993) argue that there is no convincing evidence that treatment reduces future sexual deviance. Quinsey et al. (1993) pointed out that potential confounding variables in the research studies that Marshall et al. (1991) reviewed, could be the reason for the optimistic conclusions concerning the effect of treatment. Furthermore, Quinsey et al. (1993) emphasized the lack of treatment effect between treated and untreated sex offenders found in several of the studies in the 1991 literature review.

In addition to the meta-analysis conducted by Quinsey et al., Furby et al. (1989) conducted a review of 42 sex offender treatment studies from the early 1960s to the early 1980s. Furby et al. (1989) conducted an exhaustive review of published sexual offender recidivism studies, which

compared treated and untreated samples of sex offenders, and found that treatment did not have an effect on subsequent sexual offending. More specifically, two-thirds of the 30 treated offender studies have recidivism rates higher than 12%. Furthermore, by examining the qualitative measures, the researchers found that there is no evidence that clinical treatment reduces the rate of sexual reoffenses in general and there is some evidence that sexual reoffense rates vary depending on the "type" of sexual offender (i.e., exhibitionist, child molester, rapist, etc.). Furby et al. (1989:3) further concluded that "unless an effective deterrent is identified, we can expect many sex offenders to repeatedly commit sex offenses."

II. ARE SEX OFFENDER TREATMENT PROGRAMS EFFECTIVE?

What Works. Non-prison based sex offender treatment programs using cognitive-behavioral treatment methods are effective in reducing the sexual offense recidivism of sex offenders. At least two studies, judged to be of scientific merit, demonstrated a significant reduction in recidivism for those who participated in the programs: Marshall & Barbaree's (1988) study of child molesters and Marshall and colleagues' (1991) study of exhibitionists. A third study, also of sufficient scientific merit, found child molesters and adult rapists who participated in the cognitive-behavioral treatment had lower recidivism in comparison to the control groups, however this difference was not statistically significant (Marques et al., 1994).

What's Promising. Prison-based sex offender treatment using cognitive-behavioral treatment are promising methods for reducing sex offense recidivism. We identified two studies that were assessed as using sufficiently rigorous scientific methodology: Hanson and colleagues' (1993) study of child molesters and Nicholaichuk and colleagues' (1995) study of high-risk sex offenders. Hanson et al. (1993) did not find any significant differences between the groups. In contrast, Nicholaichuk et al. (1995) found that sex offenders had significantly fewer sex offense reconvictions, and reconvictions leading to a return to prison, than comparison groups. The program did not appear to have an impact on non-sexual recidivism. We identified six other studies of prison-based sex offender treatment programs but they were assessed as having relatively low scientific merit. The results did consistently show that the treated groups had lower levels of recidivism, however, because the scientific merit is so low, we are cautious about giving the results much weight in the decision about effectiveness.

What We Don't Know. There are too few studies focusing on particular types of sex offenders (e.g., exhibitionists, child molesters, adult rapists, and high-risk sex offenders) to enable us to draw conclusions about the effectiveness of the programs for different types of sex offenders.

III. ASSESSMENT OF THE RESEARCH²⁰

There is little consistency in the conclusions drawn in the meta-analyses and the literature reviews (Nagayama Hall, 1995; Marshall et al., 1991; Blanchette, 1996; Quinsey et al., 1993; Furby et al., 1989) with regard to the effectiveness of sex offender treatment on reducing recidivism. Hence, the question still remains as to the efficacy of sex offender treatment programs. Appendix B, contains summaries of seven prison-based sex offender treatment program evaluations, and summaries of four nonprison-based sex offender treatment program evaluations, display the recent research we reviewed to in an attempt to answer the unanswered question about the effectiveness of treatment for sex offenders. After reviewing the studies' methods and significance tests, we conclude that there is reasonable evidence that cognitive behavioral treatment is effective in reducing the recidivism of sex offenders.

Hanson, Steffy, and Gauthier (1993) examined the long-term recidivism rates of 197 child molesters released from maximum security prisons between 1958 and 1974. The follow-up period for both treated and untreated child molesters was up to 31 years. The study measured sexual and non-sexual offense recidivism as the outcome variable. Recidivism was determined as a reconviction for a sexual offense, violent offense or both. The study found that offenders in the cognitive-behavioral treatment program had fewer reconvictions (44%) than offenders who had previously completed the treatment program (48%), but not compared to offenders who were sentenced to the same institution at the same time as the treatment group but did not participate in treatment (33%). While there are differences between the recidivism rates of the three study groups, the differences are not statistically significant. This study was ranked at a methodology score of level 4 on the Maryland Scale.

Nicholaichuk, Gordon, Andre, and Gu (1995) compared the long-term recidivism rates of 296 high risk sex offenders with a stratified matched sample of 283 incarcerated sex offenders. The follow-up period was, on average, six years. The study measured sexual and non-sexual reconvictions as the outcome variable, and was assessed at a methodology level of 4. The study found that sex offenders in the Clearwater cognitive-behavioral treatment program had a lower proportion of sexual and non-sexual reconvictions (14.5% and 6.1%) than the control group (32.3%, 20.5%). Also, the findings indicate that sex offenders in the treatment program had a lower proportion of sexual reconvictions that resulted in a return to federal prison (6.1%) than the control group (20.5%). Both of the findings regarding sexual reconvictions are statistically significant. In regards to non-sexual reconvictions, the treated sex offenders had a lower proportion of non-sexual convictions (32.1%) than the control group (35%). Furthermore, treated sex offenders had a higher proportion of non-sexual convictions that resulted in a return to federal prison (7.8%) than the control group (7.1%). However, the findings for the non-sexual offenses were shown not to be statistically significant.

²⁰ See Appendix B for a table summarizing the findings of these evaluation research studies.

Song and Leib (1995; Study 1) conducted a study comparing the recidivism rates of sex offenders who received Special Sex Offender Sentencing Alternative (SSOSA) with those who were incarcerated and did not receive treatment. A study sample consisting of 787 sex offenders were followed for up to 7 years. Three study groups were included in the study: 1) SSOSA treated sex offenders, 2) sex offenders who were eligible for the SSOSA program but did not participate in the program, and 3) those sex offenders who were not eligible and did not participate in the SSOSA program. The study measured sexual, violent, and other felony rearrests as the outcome variable, and was evaluated at a methodology level of 2 on the Maryland Scale. The findings from the study found that sex offenders in the SSOSA community-based treatment program had fewer sexual, violent and other felony rearrests (11%, 2%, and 7%) than offenders who did not participate in the treatment program but were eligible (14%, 13%, and 25%) and offenders who did not participate in the treatment program and were not eligible (31%, 12%, and 32%). Several findings shown to be statistically significant were the lower percentage of sexual rearrests among the SSOSA community-based treatment group and the offenders who did not participate and were not eligible for treatment. Additionally, the difference in other felony arrests between the sex offenders in the community-based treatment program and the offenders who did not participate in the treatment program and were not eligible were shown to be statistically significant.

Song and Leib (1995; Study 2) compared the long-term recidivism rates of 119 treated sex offenders with a sample of 159 sex offenders who did not receive treatment. The treated sex offenders participated in prison-based treatment programs located at the Twin Rivers Corrections Center, while the untreated sex offenders were incarcerated in Washington State prisons. The maximum follow-up period for both treated and untreated sex offenders was three years. This study was also ranked at a level 2 on the Maryland Scale. The study measured sexual, violent, and other violent felony recidivism as the outcome variable. The findings suggest that sex offenders in the prison based treatment program had fewer sexual, violent, and other felony rearrests (11%, 1%, and 5%) than offenders not participating in the treatment program (12%, 3%, and 6%). All of the outcomes from this study were shown not to be statistically significant.

The Alaska Department of Corrections and the Justice Center at the University of Alaska at Anchorage completed a study which compared the long-term recidivism rates of 411 treated sex offenders, 74 motivated untreated sex offenders, 100 unmotivated untreated sex offenders, and 100 untreated non-sex offenders. The follow-up period was approximately two years. The outcome variable was measured by the mean number of rearrests (any offense). The study found that sex offenders in the Hiland Mountain Correctional Center treatment program had fewer rearrests ($M = 4.4$) than the motivated sex offender control group ($M = 4.7$), and the non-sex offender control group ($M = 7.0$). The study found that the difference in rearrest rates among the treated and untreated sex offenders were not statistically significant, and was assessed at a level of 2 on the Maryland Scale.

Gordon and Nicholaichuk (1996) compared the recidivism rates of those sex offenders who had participated in the Clearwater sex offender treatment program between 1981 and 1994 ($n = 257$) with a national sample of sex offenders released from service institutions in 1988 ($n = 1,164$). The study received a score of level 2 on the Maryland Scale. The Clearwater treatment program incorporates both cognitive-behavioral approaches as well as relapse prevention techniques. The

follow-up period for the treated sex offenders was approximately five years, while the follow-up period for the untreated sex offenders was up to three years. The outcome variables were measured by the number of sexual and non-sexual reconvictions. The study found that sex offenders in the treatment group had fewer sexual and non-sexual reconvictions (4.7% and 7.8%) than the national sample of untreated sex offenders (6.2% and 13.6%). The differences in the reconviction rates between treated and untreated sex offenders were not significant. The study also compared the reconviction rates of both treated and untreated high-risk sex offenders. The researchers found that the high-risk sex offenders who participated in the treatment program had fewer sexual and non-sexual reconvictions (6.0% and 8.6%) than the national sample of high-risk sex offenders who did not receive any treatment (14.6% and 14.6%). The treated high-risk sex offenders had significantly fewer sexual reconvictions than the untreated high-risk sex offenders. Whereas, the treated and untreated high-risk sex offenders did not significantly differ in their rates of non-sexual reconvictions.

The Oregon Department of Corrections (1994) conducted an evaluation of its intensive residential correctional treatment program (CTP) and its outpatient correctional treatment services (CTS). The evaluation was conducted to assess the efficacy of both correctional treatment programs as well as their cost-effectiveness. The follow-up period for both treated and untreated sex offenders was two years. The outcome measures for both the treated and untreated groups were based on the percentage of reincarceration. The evaluation did not report the recidivism outcomes for each group individually, and was assessed at a level of 2 on the Maryland Scale. However, the difference between the reincarceration rates for both treatment groups versus the rate of reincarceration for the control group are noted. The evaluation found that sex offenders in the intensive residential correctional treatment program had fewer reincarcerations than the untreated comparison group (7%). Furthermore, the sex offenders who were given outpatient correctional treatment services had fewer reincarcerations than the untreated sex offenders (6%). The evaluation did not report whether or not the differences in reincarceration rates among all three groups were statistically significant.

Huot (1997) conducted a study consisting of 251 sex offenders released from Minnesota prisons in 1992 (ranked at a level of 2). The study compares 65 sex offenders who completed the prison-based sex offender treatment program with 27 sex offenders who quit the treatment program and 105 sex offenders who never entered the treatment program. The follow-up period for all three groups was approximately five years. The outcome measures were based on the percentage of sexual, person, and any other rearrest. The study concluded that the sex offenders in the prison based treatment program had fewer sexual, person and other rearrests (12%, 6%, and 11%) than the offenders who never entered treatment (17%, 15%, and 17%) or who dropped out of treatment (26%, 11%, 11%). The rearrest rates for all three categories were significantly lower for the treated sex offenders compared to the offenders who never entered treatment and for those who dropped out of treatment.

The remaining four studies are non-prison-based treatment programs. The recidivism rates of both treated and non-treated sexual offenders are presented below. Marshall, Eccles, and Barbaree (1991) analyzed recidivism outcomes in two different sex offender treatment studies. The first study (Study 1) included 44 exhibitionists, 23 of which participated in a sexual offender treatment program at the Kingston Sexual Behavioral Clinic and 21 of which did not participate in treatment, and

received a score of level 3 on the Maryland Scale. The treatment program attempted to modify the deviant sexual preferences of the 23 treated sex offenders. Both the treated and untreated sex offenders were followed for approximately nine years. The outcome variable measured in this study was the percentage of exhibitionists who were charged or reconvicted with a sexual offense during the follow-up period. The findings concluded that exhibitionists participating in a sex offender treatment program were reconvicted or charged with a sexual offense less (39.1%) than untreated exhibitionists (57.1%). The findings from this study were not statistically significant.

The second study conducted by Marshall, Eccles, and Barbaree (1991) compared the recidivism rates of exhibitionist offenders in a cognitive-behavioral treatment program with sex offenders who did not receive any treatment, and was also evaluated to be a score of level 3 on Maryland Scale. Like the first study, the treatment program was offered at the Kingston Sexual Behavior Clinic. Unlike the cognitive-behavior treatment group ($n = 17$), the untreated sex offenders used in this study were the same offenders used in the first study ($n = 21$). After a 4 year follow-up, researchers found that the treated exhibitionists were reconvicted or charged with a sexual offense less (39.1%) than the untreated exhibitionists (57.1%). Unlike the first study, these findings were found to be statistically significant.

In conducting the two separate studies, Marshall et al. (1991) found a statistically significant difference between the recidivism rates of sex offenders participating in the treatment program that attempted to modify sexual preferences and the cognitive-behavioral treatment program. More specifically, exhibitionists in the treatment program that attempted to modify deviant sexual preferences (39.1%) were reconvicted or charged with a sexual offense more than exhibitionists in the cognitive-behavioral sex offender treatment program (23.5%).

In a study conducted by Marshall and Barbaree (1988), researchers found that child molesters participating in the cognitive-behavior treatment program had fewer sexual rearrests than the sex offenders who did not receive any treatment. Both groups of offenders were followed for up to 11 years. The recidivism data was obtained not only through official sources (i.e., police records) but also through unofficial reports (i.e., self-reports). The specific findings of this study found that sex offenders in the cognitive-behavioral treatment program had significantly fewer sexual rearrests than the untreated sex offenders. This study was ranked at a level of 4 on the Maryland Scale.

The last study under examination was conducted by Marques, Day, Nelson, and West (1994), and received a score of level 4 on the Maryland Scale. These researchers report preliminary results from a longitudinal study, being conducted in California, entitled the California Sexual Offender Treatment and Evaluation Project (SOTEP). The treated offenders receive both cognitive-behavioral as well as relapse prevention treatment. Of the 602 child molesters and adult rapists who volunteered to participate in the treatment program, 132 were randomly assigned to the treatment group while 229 were assigned to the volunteer control group. A third study group was assigned to the non-volunteer control group ($n = 97$). The follow-up period was approximately five years for all three sample groups. The outcome measures were based on the percentage of sexual and non-sexual rearrests of offenders in all three sample groups. The preliminary results indicate that sex offenders in the SOTEP treatment program had fewer sexual and non-sexual rearrests (8.3% and 8.3%) than

the offenders in the volunteer control group (13.4% and 17.5%) and the non-volunteer control group (12.5% and 9.4%). While the outcomes from this preliminary study seem to favor the treatment group, the percent differences across all groups are not statistically significant.

Rice, Quinsey, and Harris (1991) conducted a study from 1972 to 1983 which included 136 child molesters housed in a maximum security psychiatric institution. Of the 58 study participants, 29 child molesters obtained behavioral treatment while the remaining 29 did not receive any treatment. The follow-up period was approximately six years. Recidivism was measured by the percentage of sexual convictions among both sample groups. Rice et al. (1991) found that sex offenders in the behavioral treatment program had a higher proportion of sexual convictions (39%) than offenders not participating in the treatment program (31%). However, the findings were not significantly different, and the study was ranked at a level of 2 on the Maryland Scale.

The studies conducted by Bingham, Turner, and Piotrowski (1995); Dizon (1994); Dwyer, (1990); Lang, Pugh, and Langevin (1988); Prentky, Lee, Knight, and Cerce (1997); Romero and Williams (1985); Swanson and Garwick (1990); and Vermont Center for Prevention and Treatment of Sexual Abuse (1996) were ranked at the bottom of the Maryland Scale for scientific rigor (i.e. score at level 1) and thus were not included in this program evaluation.

IV. CONCLUSION

The recent reviews and meta-analyses concerning the efficacy of sex offender treatment provide conflicting view points. Furby et al. (1989) and Quinsey et al. (1993) found that there was "no convincing evidence that treatment reduced recidivism" rates among sex offenders (Barbaree, 1997:113). However, the meta-analysis conducted by Nagayama Hall (1995) and the literature reviews conducted by Marshall et al. (1991) and Blanchette (1996) tentatively conclude that treatment does positively affect recidivism among treated sex offenders. The findings do not provide a simple answer to our question of the efficacy of sex offender treatment programs.

Of the twelve studies under examination, approximately 50% (six studies) showed statistically significant findings in favor of treatment programs (Marshall et al., 1991; Marshall and Barbaree, 1988; Song and Leib, 1995 (Study 1); Gordon and Nicholaichuk, 1996; Nicholaichuk et al., 1995; and Huot, 1997). Furthermore, of the six studies that showed a positive treatment effect, four incorporated a cognitive-behavioral approach (Gordon and Nicholaichuk, 1996; Nicholaichuk et al., 1995; Marshall et al., 1991; and Marshall and Barbaree, 1988). Based on our criteria, cognitive-behavioral treatment programs appear to be effective in reducing recidivism of sex offenders. We draw this conclusion because there are at least two studies reviewed that are methodologically ranked at a level three or above that shows a statistically significant difference between the treated group and the control group. The evidence is somewhat stronger for the non-prison based treatment programs because the methods scores were higher for this research. In addition, the positive treatment effect found in seven of the eleven studies do support the conclusions of several literature reviews and meta-analyses (Blanchette, 1996; Nagayama Hall, 1995; and Marshall et al., 1991).

Any conclusions drawn from this review must remain tentative. With a heterogeneous population, it is difficult to provide general conclusions about the effectiveness of sex offender treatment programs. Future research should attempt to address the methodological weaknesses presently found in sex offender research (i.e., small sample sizes, lack of randomization, lack of comparison/control groups and poor use of control variables to adjust for group differences). Perhaps the most important question refers to whether there are differences in the types of offenders who will benefit from cognitive-behavioral treatment. At this point, the research cannot answer this question.

Implications for Washington Department of Corrections Programming ²¹

The Twin Rivers Sex Offender Treatment Program serves incarcerated male offenders who admit to committing a sexual offense and volunteer for program participation. Both high and low risk offenders are eligible for the program. A group therapy method is primarily used, but individual counseling is incorporated to address particular issues. The treatment approach incorporates cognitive-behavioral techniques within a relapse prevention framework, including knowledge transmission, modeling appropriate behaviors, and reinforced practice of appropriate behaviors. There is no standardized length of treatment. Offenders continue to participate in the program until the staff determine that they progressed to the limit of their capability or willingness. However during 1997, the average length of time to program completion was 462 days. Follow-up treatment is available both for offenders who remain in Twin Rivers following program completion and for participants released to community supervision.

Our assessment of the available evaluation research suggests that in-prison programs, such as the Twin Rivers Sex Offender Treatment Program, are promising in their effectiveness in reducing recidivism. The program relies on cognitive-behavior techniques and admits high risk offenders. Prior meta-analyses and cognitive skills research has found that these features are effective components of correctional programming among the general offender population. However, little research has been conducted about the effectiveness of these components with a sex offender population. Recognizing that no conclusions can be drawn specifically about the DOC program, treatment programs of this type appear to offer the promise of reducing recidivism.

²¹ No evaluation was conducted of Washington State Department of Corrections programming and, therefore, no statement can be made about whether DOC programs work. This section contains a comparison of the reported components of DOC programming with those program components that were found in the above evaluation research to be effective or ineffective in reducing recidivism.

CHAPTER 8

COMMUNITY-BASED PROGRAMS FOR CHEMICALLY-DEPENDENT OFFENDERS

I. INTRODUCTION

Advocates of treatment and rehabilitation have perhaps made the strongest arguments in favor of increased treatment for chemically dependent offenders. The need for treatment is demonstrated by the large body of research indicating the relationship between criminal activity and use of alcohol and other drugs (Chaiken 1986; Chaiken and Chaiken 1982; Inciardi 1979; Johnson and Wish 1986; Nurco, Kinlock and Hanlon, 1990; Speckart and Anglin, 1986). Furthermore, the National Institute of Justice's Drug Use Forecasting (DUF) program consistently finds high rates of illicit drug use among arrestees in the 24 participating cities nationwide. In 1995, between 47 and 78 percent of male arrestees and 44 to 85 percent of female arrestees tested positive for use of illegal drugs. Although the numbers are sizeable, the majority of inmates with substance abuse problems do not receive treatment while in prison. In 1991, 48 percent of state prisoners and 43 percent of the Federal prisoners reported that they had been in a drug program since admission to prison (BJS, 1995). Yet, the intensity and quality of these treatment programs is unknown. Since the majority of correctional offenders are not sent to prison (Clear, 1992), outpatient chemical dependency programs are available to provide treatment for the large population of probationers. Additionally, these programs often provide services to those released from prison.

Community-based outpatient drug treatment programs began in the 1970s, specifically designed for juvenile drug users. More programs have been implemented in the 1980s and 1990s, due to the more abundant research on the crime-drug use relationship, as well as the evidence that they are a less expensive alternative to incarceration (Anglin and Hser, 1990; Anglin and Maugh, 1992; Anglin, Longshore, Turner, McBride, Inciardi, and Prendergast, 1996). Community-based outpatient drug treatment programs vary widely in terms of their approach to treatment. Treatment in the community is offered to offenders through various modalities including detoxification, residential, residential under a therapeutic community model, and outpatient treatment. The primary treatment approach of these programs relies on counseling and social skills training in order to address factors that foster drug use. Other methods emphasize monitoring, drug-testing, and case management of chemically-dependent offenders.

Programs for offenders in prison are modeled after those available in the community. At times, the prison programs are residential in that inmates live in a prison section separated from the general population. Such programs may or may not be organized as a therapeutic community. Other prison-based programs are non-residential wherein inmates attend substance abuse treatment sessions but are housed with the general population.

A growing body of research indicates that treatment for substance-involved offenders may reduce substance use and criminal recidivism under certain circumstances and depending on the

modality of the treatment (Anglin and Hser, 1990; Gerstein and Harwood, 1992). Methadone maintenance programs have been shown to reduce criminality but most studies suffer from lack of comparison groups. Detoxification has not been shown to be effective in reducing long-term drug use and criminal behavior, but has shown effectiveness in reducing drug use and criminality temporarily. Both community-based and prison-based therapeutic communities (TC) have shown the most success in both immediate and long-term outcomes (MacKenzie, 1997). Chemically-dependent offenders who are involved in TCs show significant reductions in drug use and criminality compared to offenders who did not participate in the TCs. Prior literature reviews indicate community-based outpatient treatment programs are less successful relative to the other three modalities. Chemically-dependent clients of these programs are more likely to leave the program before completion, and show less reduction in drug use and criminal behavior than clients in the other three types of programs (Anglin and Hser, 1990).

Whatever the modality of treatment, the effectiveness of substance abuse treatment appears to be directly related to the length of time an individual remains in treatment. The ideal time chemically-dependent offenders should spend in an intensive treatment program is unclear. One study found that clients who stay in treatment for six-months or longer tend to have less criminal activity and narcotics use than methadone maintenance clients (Simpson et al., 1979). A review of ten community-based therapeutic communities found that clients needed to be in the programs for 6-12 months in order to see any reduction in recidivism and a year or more to reduce drug use (Condelli and Hubbard, 1994). Another study of community-based residential drug abuse treatment programs (therapeutic communities along with other residential drug treatment programs) found effectiveness of the programs in reducing drug use varying in duration from 3 to 12 months (McClusker et al., 1995). Most studies, however, are not designed to determine an optimal length in treatment. Those addressing the question of length of treatment tend to find that the more time offenders spend in treatment, the less likely they are to be rearrested or returned to prison (Wexler et al., 1988; Field, 1992). Another consistent finding is that treatment appears to be effective regardless of whether offenders enter voluntarily or under some form of coercion (Anglin and Hser, 1990a, 1990b; Anglin and Maugh 1992; Falkin, Wexler, and Lipton, 1992; Leukefeld and Tims, 1992; Travis, Wetherington, Feucht, and Visser, 1996).

II. ARE PROGRAMS FOR CHEMICALLY-DEPENDENT OFFENDERS EFFECTIVE?

Community-based outpatient programs that focus on monitoring and management of chemically-dependent offenders must be distinguished from programs that provide treatment.

What Works. Programs that combine in-prison therapeutic communities with follow-up community treatment appear to be effective in reducing recidivism. Prendergast, Wellisch, and Wong (1996); Wexler, Graham, Koronowski, and Lowe (1995); and Martin, Butzin, and, Inciardi (1995) found that those who participated in both in-prison and the community treatment had lower recidivism rates than some or all of the comparison groups. It is not possible to determine whether this is because the in-prison and follow-up group spent a

longer period of time in treatment or because the combination of in-prison and follow-up community treatment was particularly effective.

What Doesn't Work. Increased referral, monitoring, and management in the community is not effective. The well-designed studies of intensive supervision by Petersilia and Turner (1992), of TASC programs by Anglin, Longshore, Turner, McBride, Inciardi, and Prendergast (1996), and of TASC-like case management programs by Rhodes and Gross, (1997) demonstrated that these methods were not effective in reducing recidivism.

What We Don't Know. Intensity and integrity of programs that receive referred offenders through programs such as TASC may vary considerably. This could explain why Rhode and Gross (1997) found inconsistent evidence about the effectiveness of a TASC-like program in reducing recidivism. The researchers found some evidence that the program had some effect on recidivism of in Washington D.C., but not in Portland, Oregon. The varying quality and quantity of treatment received may be responsible for this inconsistency. Additionally, we do not know if community-based outpatient treatment alone (without an additional in-prison phase) is effective. Several studies were identified but they employed such weak research methodology that we could not draw conclusions about the effectiveness of the outpatient programs. In one study, acupuncture provided within an community-based outpatient treatment program was not effective in reducing recidivism (Latessa and Moon, 1992). One study, however well-designed, does not provide enough evidence to dismiss the potential effectiveness of this treatment component. More research is needed.

III. ASSESSMENT OF THE RESEARCH ²²

The studies assessed in this chapter are those that have evaluated community-based drug treatment programs for chemically-dependent offenders. This includes programs that provide community-based intensive outpatient treatment only, programs that provide residential prison-based treatment followed by a community treatment phase, programs that intensively monitor their clients in addition to providing them with community-based treatment, and programs that only intensively monitor and manage chemically-dependent offenders without providing them with increased community-based treatment. We did not seek out studies examining prison-based programs modeled after community-based outpatient treatment.

Substance Abuse Treatment and Increased Monitoring

One of the original models for community-based chemical dependency programs for criminal offenders was Treatment Alternatives to Street Crimes (TASC). It was developed in the 1960s and early 1970s to provide linkages for drug-addicted offenders in the criminal justice system to the proper substance abuse treatment in the community. The main emphasis of TASC programs were to provide referrals for chemically-dependent offenders to drug treatment and to monitor the progress of clients in treatment. TASC does not provide the treatment that clients receive, so type of treatment varies by location. In 1996, there were more than 320 TASC programs in operation in 30 states (Anglin et al., 1996). Anglin and colleagues (1996) examined the recidivism of clients who went through the TASC programs in five different cities (Birmingham, Canton, Ohio, Chicago, Orlando, and Portland, Oregon) selected to provide a good representation of TASC clients and programs across the country. The evaluation research employed a scientifically rigorous design (rated a level 4 on the Maryland Scale). The results, however, provide inconsistent evidence about whether participants in these five cities are less likely to recidivate compared to those who did not participate in TASC programs (see Appendix B). There were no significant differences between TASC participants and the comparisons in the average number of days incarcerated, or the average number of property crimes committed. There were, however, differences in three cities in both the number of arrests and the number of revocations. The only significant differences between the groups favored the control groups (i.e., the control groups had lower recidivism). To explain these results, the researchers proposed that, because TASC offenders were supervised more closely than the control offenders, TASC participants were more likely to be caught if they engaged in illegal behavior, even if it was less frequent than that of the comparison group. However, this speculation goes beyond the scope of the explanatory abilities of the research design.

Another study of similarly strong methodological rigor (level 5 on the Maryland Scale) that does address this monitoring and management component of chemically-dependent offenders was conducted by Petersilia and Turner (1992). Their evaluation of intensive supervision programs revealed that, without increased treatment, greater monitoring and management was not effective in reducing recidivism. In fact, it appears that more offenders on intensive supervision may recidivate

²² See Appendix B for a table summarizing the findings of these evaluation research studies.

than those on regular parole or probation. The researchers examined the one-year recidivism rates of intensively-supervised offenders in seven cities (Seattle, Des Moines, Santa Fe, Atlanta, Macon, GA, Waycross, GA, and Winchester, VA) and compared their performance to a randomly-assigned control group of offenders who received standard probation and parole. The offenders who were intensively supervised were more likely to be arrested or have technical violations than clients under routine parole or probation. The offenders in the intensive supervision conditions received the same amount of drug treatment, but was more closely monitored than the comparison groups. This finding produces more support for the conclusion that increasing supervision of chemically-dependent offenders is not effective in reducing recidivism.

A third very methodologically rigorous study (level 5 on the Maryland Scale) examining the combination of increased monitoring and substance abuse treatment was conducted by Rhodes and Gross (1997). They evaluated programs in Washington, D.C. and Portland, Oregon that were modeled after TASC programs in that they used a case management approach combining assessment, referral to treatment, and monitoring of offenders during treatment. The researchers found inconsistent evidence across the two cities for the effectiveness of this type of program. In the three-month and six-month follow-up periods, there were no statistically significant differences in self-reported criminal behavior, jail admissions, or parole revocations between case management clients and those who watched a videotape about substance abuse and received a referral guide to relevant community services, or a group that viewed the tape and was referred to other agencies (control group) in Portland. However, there were some significant differences between case managed offenders and the two comparison groups in Washington, D.C.. Case management participants had less reported criminal activity at three months and were jailed less at six months in Washington D.C. than both of the comparison groups. The inconsistencies across these two cities may reflect the varying quality and quantity of treatment received by the case management group.

Van Stelle and colleagues (1994) looked at Wisconsin's Treatment Alternative Programs (TAP) which follow the TASC model of case management. They found that drug-abusing offenders who completed TAP were less likely to be arrested or reconvicted, and received shorter jail sentences, than noncompleters. This difference was statistically significant. Vito and fellow researchers (1993) studied the Kentucky Substance Abuse Program (KSAP), composed of drug-testing and monitoring only. The researchers found positive results for the program. Completers had lower incarceration rates (3.8%) than those who did not (19.9%), but no significance tests were conducted. These two research studies both find support for the combination of substance abuse treatment and monitoring. These findings contradict those of the more scientifically rigorous research, but the weakness of their research designs do not afford these findings much credibility.

Individual Treatment Components

Some studies of community-based outpatient substance abuse treatment focus on specific components that may be included in substance abuse programs. One such study received the highest score on the Maryland Scale (level 5) indicating the use of a very strong research design. This study (Latessa and Moon, 1992) examined the effectiveness of the use of acupuncture as a component of an outpatient drug treatment program. They used a double-blind random assignment research design

test the administration of acupuncture to the treatment group and an acupuncture-like "placebo" to a control group. The researchers found that there was no significant difference in rearrest or probation revocations for those who received and those who did not receive the acupuncture treatment. Despite the fact that this finding was produced by a very well-designed evaluation, no conclusions can be drawn about the use of acupuncture in substance abuse treatment based on a single study.

Another treatment component that has been the focus of specific evaluation is considerably more popular than the use of acupuncture. This component is an approach to chemical dependency treatment referred to as a therapeutic community (TC). The goal of TCs is to provide residents with a positive transition from prison to release into the community to increase their chances of success. In addition to treating addiction and criminality, these programs attempt to isolate participants from the prison environment in an effort to reduce the detrimental impact that this environment can have on the program participants (Field, 1989; Hiller, Knight, Devereux, & Hathcoat, 1996). Many TCs incorporate an community-based aftercare component that provides a bridge from the inpatient environment to a community treatment program based on the same treatment philosophy.

Eight studies were found that examined the effects of TCs on the recidivism of chemically dependent offenders. Unfortunately, most of these studies did not employ a particularly rigorous scientific research design. Only one study was methodologically rigorous (rated at level 5 on the Maryland Scale). This study by Nemes, Wish, and Messina (1998) randomly assigned chemically-dependent offenders to two community-based residential TCs in Washington, D.C.. One was a "standard" TC in which clients received 10 months of inpatient treatment at a residential facility and two months of community aftercare. The "enhanced" TC offered six months of inpatient treatment in a residential facility and six months of community aftercare. Clients in both TCs received individual and group therapy, addiction education, life skills training, vocational counseling and placement, and self-help and 12-step meetings during the inpatient phase, while the enhanced group received more intensive treatment during the aftercare phase than they standard group. The researchers found that chemically-dependent clients who attended the standard TC had lower levels of recidivism than the enhanced group 6 months after discharge from the programs. Specifically, standard TC clients were significantly less likely than enhanced clients to be arrested after they complete treatment, both through self-report and official records. Standard TC clients also had significantly longer average month until first arrest after discharge than the enhance clients. The authors concluded that it seems that the longer inpatient treatment time at the community-based TC had more of an impact on the subsequent criminal recidivism than the more intensive and lengthier community outpatient treatment.

Another study (rated at level 3 on the Maryland Scale) of the TC studies (Martin et al., 1995) evaluated the impact of the multi-stage KEY-CREST TC treatment program in Delaware incorporating both a prison component and an intensive "transitional" community component. During the aftercare phase of the program, clients received counseling and group therapy. Prison inmates who are eligible for parole were nonrandomly assigned to four groups - those who received both prison and community components (KEY-CREST), those who received prison-based treatment only (KEY), those who received intensive community-based treatment only (CREST), and those who

received no treatment (control). Parolees who had completed prison treatment were assigned to either the KEY-CREST or KEY groups while those who had not entered or completed the KEY prison program were assigned to the two remaining groups. The researchers found that, six months after release, participants in both the KEY-CREST program were less likely to be rearrested than those who participated in the prison phase only, the outpatient phase only, or did not participate in the TC program at all. However, the only statistically significant finding was the difference between those who received the KEY-CREST treatment and those who did not receive any treatment. (Significance tests were not reported on the other differences.) While this finding is supportive of TC with both in-prison and community treatment components, however, this study raises some questions. Because significance tests were not reported for the other findings, no conclusions can be drawn about whether combining in-prison and community outpatient treatment programs would reduce recidivism more than outpatient treatment alone. Though the size and direction of effects (see Appendix B) appear to favor the combination of in-prison and outpatient treatment, without significance tests, there is no way to determine if these results could have been due to chance. In short, this research allows only the conclusion that those who participated in both in-prison and outpatient treatment had lower levels of recidivism than those who received no treatment.

Another study (Wexler et al., 1995) of similar methodological rigor (level 3 on the Maryland Scale) examined a similar two-stage TC program in California and found similar results. However, it did employ statistical tests. The evaluated program, Amity, consists of a 12 month in-prison treatment program and followed by a community-aftercare program upon release. This aftercare component was voluntary to graduates of the in-prison program. Consistent with the findings of Martin and colleagues (1995), the researchers found that those who completed both the in-prison treatment and the aftercare component had statistically significant lower rates of reincarceration than those who received no treatment. They also found statistically significant differences in reincarceration between the completers of both components, program dropouts, and those who completed in prison component only. Thus, this study provides more evidence that TC combinations of in-prison and community treatment components are associated with reduced recidivism.

A third study (Prendergast et al., 1996; level 3 on the Maryland Scale) also found that the TC combination of in-prison and community components was associated with lower recidivism. This study focused specifically on women offenders, who are often ignored in correctional research. The program evaluated was the Forever Free Substance Abuse Program at the California Institute for Women. Forever Free is a voluntary program composed of an intensive four month prison-based program followed by a six month community-based program for those who graduate from the prison program. The researchers drew their sample from all women who were eligible for the program. The nonresidential group was drawn from the women who participated in Forever Free but who did not enter the residential phase. The comparison group was composed of women at CIW who applied to, and qualified for Forever Free but were not admitted for administrative purposes. They found, like the previous two studies, that the women who participated in both the in-prison and community components had significantly fewer returns to custody than women who received no treatment at all, as well as those who completed only the in-prison phase of the program. These researchers found that these differences were statistically significant (not likely due to chance). Thus, all three of the studies incorporating relatively sound methodology find that TC combinations of in-prison and

outpatient community programs reduced recidivism over no treatment at all. The latter two studies find that the combination of the addition of the community treatment component with the in-prison reduced recidivism over the in-prison component with no outpatient component.

Three additional evaluation studies (Hiller et al., 1996; Martin, Lockwood, Inciardi, and Freeman, 1992; Field, 1989) were assessed that focus on TC programs, all three of which found support for such programs as well. However, these studies employed such weak research methodology (level 2 on the Maryland Scale) that their findings cannot provide any weighty evidence. The studies compared differences in recidivism of those who completed the two-stage programs (TCs followed by community outpatient treatment) and those who dropped out of the programs. As discussed above, this type of comparison can produce questionable findings. It cannot be determined whether it is the treatment programs that changed the offenders or whether those who were at higher risk for recidivism from the beginning were just more apt to drop out of the program before completion. All three of the studies found that completers had lower recidivism rates, consistent with the more well-designed studies. Because of the design limitations, these studies do not provide a particularly weighty endorsement of this stronger research.

Field (1989) examined the Cornerstone Therapeutic Community which was a modified TC located on the grounds of Oregon State Hospital. Successful completers typically spent the last 10 to 12 months of their sentence in the program, and were paroled directly from the program. Six months of aftercare services were provided to the parolees. Field found that program graduates were less likely to be rearrested, reconvicted, and reincarcerated than those who did not complete the program. Hiller et al. (1996) found that probationers who completed the prison and outpatient components of a modified TC program in Dallas were less likely to be arrested (5%) than those who did not (7%). Martin et al. (1992) found that completers of a two stage TC program were less likely to recidivate on a scale using both arrest and incarceration measures than noncompleters. Again, these studies also suffer from not having a true comparison group to compare to treatment group completers.

We found only two studies (Finigan, 1996; Oregon Department of Corrections, 1994) that focused exclusively on intensive community-based outpatient treatment. In both studies, the outpatient treatment participants had lower recidivism rates. However, the studies were judged to be poorly designed (ranked at level of 2) which makes it impossible to draw conclusions about the effectiveness of such programs. The research designs allowed many other possible explanations for the results that no real confidence can be placed in their findings. Finigan (1996) compared community-based outpatient drug and alcohol treatment completers to noncompleters and found that completers had significantly less likely to be arrested, convicted and reincarcerated. The Oregon Department of Corrections (1994) study found that fewer community-based outpatient treatment participants were returned to prison when compared to eligible non-participating comparisons.

IV. CONCLUSION

Although there is evidence from the previous studies of drug treatment that treatment can effectively reduce the recidivism of offenders under certain conditions, this review of the community-based outpatient treatment programs provides little evidence that this type of drug treatment is effective. Many of the studies are of such poor scientific merit that it is impossible to determine the impact of the programs. A particular problem are studies that compare those who complete the program with those who drop out. Often the studies find significantly lower recidivism for those who complete the programs, however, we are left with the problem of trying to untangle the selection effect from the treatment effect. That is, the program may successfully identify those who are ready for change and may have refrained from recidivism, even without the influence of the program. These individuals remain in the program and complete it. Differences prior to entering the program can not be identified using this study design.

There is sufficient evidence that programs which increase the supervision, monitoring or control over the offenders will not have an effect in reducing recidivism. This supports the results of the earlier assessment in the Maryland Report to Congress that found techniques such as urine testing, intensive supervision, or home confinement without treatment were not found to be effective in reducing recidivism.

There are also a number of studies having a reasonable level of scientific merit that show evidence that in-prison therapeutic communities and follow-up treatment in the community are effective in reducing recidivism. However, the studies do not enable us to determine whether the differences are due to the longer time in treatment when in-prison and follow-up are combined or whether the particular combination of treatment (in-prison followed by community treatment) is effective. These evaluations, with the exception of one (Gross and Rhodes), did not examine the impact of the length of time in treatment on subsequent recidivism.

As discussed above, previous research had tentatively concluded that drug treatment programs can effectively reduce drug use and recidivism among chemically-dependent offenders (Anglin and Hser, 1990). With the exception of therapeutic communities, our assessment found less optimistic results. This is probably due to the fact that previous reviews and meta-analyses evaluated both prison-based and community-based programs and found that offenders who received prison-based treatment, specifically in therapeutic communities, did show significant improvements in immediate and long-term outcomes. Community-based programs, however, were less successful in reducing the recidivism of its chemically-dependent clients. Since community-based treatment programs were assessed in this chapter, the less positive effects are consistent with previous literature.

Implications for Washington Department of Corrections Programming ²³

The DOC has several different types of prison-based chemical dependency programs. One type of program is a therapeutic community program that serves female clients. It is a 12-month program incorporating several different phases providing assessment, intensive treatment, and relapse prevention planning. The program includes a mental health evaluation, and a focus on victimizations and family of origin issues, job readiness, and transitional planning. Acupuncture is available for volunteers. Our assessment of the research concluded that therapeutic community programs are effective in reducing recidivism of participants, however, the program evaluations used to draw this conclusion also included a community-based aftercare component. As such, this conclusion is more applicable to the extent that offenders successfully completing the therapeutic community Program receive some form of community-based follow-up. Additionally, our assessment found one well-designed study yielding poor results for acupuncture use in a community-based treatment program. However, we can offer no information about this technique within the specialized environment of a TC program.

The DOC offers two other chemical dependency programs, they are: Intensive Inpatient and Intensive Outpatient treatment. Both provide an orientation followed by primary treatment based upon a bio-psychosocial model. The treatment utilizes group and individual therapy, incorporates MRT, and includes a continuing care component. Our assessment did not include evaluations of these two types of prison-based programs.

As for the DOC chemical dependency programs that include an MRT component, our assessment of the research did include several studies evaluating the use of MRT programming with drug and alcohol offenders. While these studies do find that MRT program participation was associated with reduced recidivism among this substance-using population, the research was not of particularly high quality. As a result, it is still unclear if the addition of MRT to chemical dependency treatment increases program effectiveness. A future evaluation of the effectiveness of chemical dependency programs should consider using random assignment to the following groups: a treatment group, to a treatment group plus MRT, to another group receiving MRT alone, and to a no-treatment control group. This type of design will help isolate the effects of the chemical dependency treatment component and the MRT component, thus providing the evidence necessary to determine the effectiveness of this combination.

²³ No evaluation was conducted of Washington State Department of Corrections programming and, therefore, no statement can be made about whether DOC programs work. This section contains a comparison of the reported components of DOC programming with those program components that were found in the above evaluation research to be effective or ineffective in reducing recidivism.

CHAPTER 9

ANGER/STRESS MANAGEMENT

I. INTRODUCTION

Anger management programs seek to reduce the criminal behavior of offenders by teaching them to become more aware of the causes of their anger and to use various techniques to control their anger. Anger management programs are often one component of larger, more comprehensive treatment programs that deal with related issues such as sex roles and non-violence education (Gondolf, 1993). While these programs are used with a wide variety of offenders, the program seems to be most frequently used with domestic abusers and violent offenders. Anger management programs are typically based upon the belief that offenders are unable to identify and manage their anger (Serin and Brown, 1996), and that this anger can lead to criminal behavior. Some programs incorporate "stress inoculation" which usually teaches awareness of anger cues, measurement of anger parameters, evaluation of anger situations, and coping and relaxation techniques for self-control, as well as advocating skills practice (Serin, 1994). Other programs focus on cognitive processes and the link between thoughts and feelings and behavior. Offenders learn to recognize their irrational thoughts and to challenge these thoughts in order to decrease aggressive responses (Serin 1994). Programs developed in recent years often incorporate both cognitive treatment and stress inoculation (Serin, 1994).

Very little evaluation research is available on anger/stress management programs, a fact that has been pointed out by other authors, as well (Serin, 1994; Hughes, 1993). The available research is particularly lacking studies which use recidivism as an outcome measure. There are several studies which have evaluated anger management programs but use clinical scales as an assessment of outcome (for example, the Buss-Durkee Hostility Inventory and the Navaco Anger Scale). These scales often measure changes in the offenders thoughts or feelings as they relate to anger (i.e., not feeling quick-tempered, feeling angry most of the time, etc.). In addition, the evaluations of anger management that include a recidivism outcome measure are often methodologically weak. This field unfortunately is plagued by little research and poor methodological rigor (Serin, 1998). Thus, no real conclusions can be drawn about the effectiveness of anger management programs.

II. ARE ANGER/STRESS MANAGEMENT PROGRAMS EFFECTIVE?

What We Don't Know. We located four studies, examining the effectiveness of anger/stress management programs, but our assessment of the scientific methodology indicated that they did not have an adequate level of rigor to permit us to draw conclusions about the effectiveness of our programs (no study was assessed at higher than level 2 on the Maryland Scale). Thus, while there were some significant differences showing less recidivism for the treated groups than the comparisons, we do not believe that the designs permit us to draw any conclusions about the effectiveness of the programs.

III. ASSESSMENT OF THE RESEARCH ²⁴

Faulkner, Stoltenberg, Cogen, Nolder, and Shooter (1992) evaluated 2 cognitive-behavioral treatment programs for male spouse abusers. Both programs contained an anger management component. The first study evaluated a group cognitive-behavioral treatment which focused on anger management, communication skills, assertiveness and problem-solving skills. Treatment lasted four weeks with two-hour sessions four times per week. The program incorporated a wide variety of activities, such as anger logs, family history, education about battered women, self-analysis, imagery exercises, role playing, problem-solving, and a debriefing.

Seventeen men completed the treatment but only fifteen filled out the Violent Behavior Inventory (VBI) that measured their direct and indirect violence before and after treatment. As a means of evaluating the validity of the men's answers, spouses were asked to complete the VBI also in regards to their spouses behavior. Only nine of the wives agreed to complete the VBI. Although a six-month follow-up was done, only five men were available and thus there are no analyses on the follow-up period. All subjects were volunteers who were referred to the program via local shelters of self-referral. Subjects' success or failure in the program was measured by a variety of non-recidivism measures in addition to the VBI.

Results of the first Faulkner and colleagues' study reveal significant differences, favoring the treatment, in violent behavior according to the men's self-reported VBI and their spouses' answers on the VBI. The wives' VBI scores showed similar trends. According to the VBI for wives, their husbands engaged in significantly less direct violence and significantly less severe violence. This favorable outcome measures reported in the study should be regarded with caution due to the many methodological problems with the research (ranked a level 2 on the Maryland Scale). The study did not employ a control group, analyze follow-up data, and employed a small and biased sample.

After the completion of the first study, Faulkner and colleagues (1992) conducted a second study of the same program with modifications that, in essence, make the program a substantially different than the original program. The changes were based on information gathered through analysis and feedback after the first year of the first study. This second program is also cognitive-behavioral in nature, placing a greater emphasis on skill development rather than solely information dissemination. A similar sample was used in this second study. Nineteen men completed treatment but only fifteen completed VBI. Nine spouses were again available to complete VBI for their spouse. All subjects were volunteers and all completed the VBI before and after treatment. Results of the second study reveal significant declines in violent behavior according to both subjects and their wives. Male self-reports of violent behavior in the VBI indicate a significant decline in direct violence and a significant decline in severe violence. Despite slightly different average scores, the wives scores for their husbands on the VBI reveal similar trends. Once again, these results should be taken with a great deal of caution due to their methodological weaknesses.

²⁴ See Appendix B for a table summarizing the findings of these evaluation research studies.

Finally, Marquis, Bourgon, Armstrong, and Pfaff (1996) conducted a study of substance abuse and anger management programs at the Rideau Treatment Center in Canada. The study was two-fold, comparing recidivism rates among subjects in substance abuse treatment compared to subjects in anger management treatment. These groups were also compared to a combined group of treatment and non-treated control subjects. The researchers drew two samples. The first sample consisted of 216 violent and non-violent offenders who completed either just a substance abuse relapse program or offenders who completed the relapse program and an anger management program. The second sample consisted of 190 offenders who completed substance abuse programming or anger management treatment or who received both. In the first sample, in terms of anger management analysis only, a group of violent offenders who received combined anger management and substance abuse relapse treatment were compared to a group of violent offenders who received no treatment. In the second sample, substance abuse and anger management treatment combined (36% recidivism) differed significantly from the non-treatment control group (60% recidivism). However, anger management alone was most successful (33% recidivism) and differed significantly from the control group by 82 percent. Once again, despite positive findings, this study contained serious methodological flaws (rated level 2 on the Maryland Scale) and does not create much confidence in the results. The study does not appear to use random assignment to treatment, there is no discussion of attrition or exactly how the subjects were assigned to each group, and the publication is not clear about the statistical tests used by the researchers.

IV. CONCLUSION

Very little can be concluded about anger management and its effects on recidivism due to the very small number of studies in this area and the methodological problems that plague the existing studies. It would not be defensible at this stage to declare that anger management works or does not work considering the problems with this body of research. Other reviews of the work in this area similarly conclude that the evaluation research is very weak and very scant (Eisikovits and Edleson, 1989; Serin, 1998, 1994; Hunter, 1993). All three studies reviewed in this summary indicate successful outcomes for anger management. While this is somewhat promising, there are many issues to consider before making any conclusions about such treatment.

First, although the results of these studies are supportive of this type of programming, the methods used in these studies were weak, they may have been biased towards finding positive results. This is particularly true of the studies conducted by Faulkner and colleagues, because there was no control group and the subjects were non-randomly assigned volunteers. Secondly, the Faulkner studies contain no long-term follow-up analyses. Without a long-term follow-up it is impossible to tell if the positive effects of treatment were long-lasting or permanent, rather than merely the result of a "honeymoon" effect." It is possible that a rigorous study with long-term follow-up could show that the positive effects do not last, thus minimizing the value of the treatment. Also, none of the studies appear to adequately address or even discuss the issue of attrition. An examination of program dropout is crucial to this body of research. Subjects that drop out of a program are typically more high risk than those who remain in the program to completion. Thus, without controlling the effects of attrition, studies may finding positive results because they are reporting on the recidivism of the most low risk offenders. Finally, all the studies available for this assessment lacked a randomization component. Randomization is essential in order to remove participant selection biases and to increase the likelihood that possible differences are equally distributed between the program

and the comparison groups. In sum, we cannot offer any conclusions about the effectiveness of anger management programs in reducing recidivism. The only definitive statement we make based on this assessment is that more scientifically rigorous evaluation research is needed.

Implications for Washington Department of Corrections Programming ²⁵

Anger/Stress Management Programs of various lengths are offered in several Washington DOC institutions and through a number of field offices. The latter are either conducted by DOC staff or in cooperation with local community colleges. While content, length, and techniques varies across programs, they share a focus on understanding and controlling anger. Most programs employ an educational model and emphasize skill-building. Our assessment of the research revealed that there is simply no conclusions that can be drawn about the effectiveness of anger management programming, in general. Also, the evidence that is available relates to components that are not used in the DOC programs (stress inoculation) or used infrequently (cognitive skills). While this lack of evidence results in a lack of guidance, it also provides an opportunity. Anger/Stress Management programs offered by Washington DOC could be evaluated themselves to examine their impact on recidivism. However, this effort would only be meaningful if the research were sufficiently rigorous to provide credible results. Also, the program content and techniques must be similar so that the findings can apply to all programs labeled anger management. This would entail the identification of some core themes that would be the cornerstone of DOC anger management programs. Those programs containing some other focus could be given another title.

²⁵ No evaluation was conducted of Washington State Department of Corrections programming and, therefore, no statement can be made about whether DOC programs work. This section contains a comparison of the reported components of DOC programming with those program components that were found in the above evaluation research to be effective or ineffective in reducing recidivism.

CHAPTER 10

VICTIM AWARENESS

I. INTRODUCTION

Victim awareness programs are a unique way of attempting to change offenders' perception of their victims as people, to understand the full impact of their actions on others, and assist offenders in developing empathy. Often these programs directly involve people who have been victimized by criminal offenses and may also include individuals who provide services to crime victims. These victim-oriented programs have been used with a variety of offender types but seem to be most frequently used with drunk drivers. Programs for drunk drivers generally employ victim impact panel-format, which usually includes three or four speakers who discuss how they (or a loved one) were victimized and how the crime impacted their life (Shinar and Compton, 1995; MADD 1998). Sometimes offenders are ordered to attend a panel as part of their sentence (Shinar and Compton, 1995). During a victim impact panel, offenders and other audience members generally do not interact with the victim speakers; the speakers do not assess the offenders and the offenders do not ask questions until the panel is complete (Shinar and Compton, 1995; MADD, 1998). A more general victim awareness education program, however, generally lasts multiple weeks rather than one session (Stutz, 1994) and may encompass several different victim-oriented activities.

Victim awareness programs are rather new, in comparison to other forms of corrections. Unfortunately, there have been very few evaluations of victim-oriented programs for offenders. This review will examine the only three evaluation studies (two contained within the same publication) that use recidivism as an outcome measure. The authors of these studies all indicate that the research in this area is scant (Stutz, 1994; Shinar and Compton, 1995). Clearly, further research needs to be conducted in this program area.

II. ARE VICTIM AWARENESS PROGRAMS EFFECTIVE?

What We Don't Know. Only one study of victim awareness programs reached a level 3 on the Maryland Scale assessing scientific methodology. In this study, none of the comparisons reached statistical significance nor was the direction of the differences between the treated group and the comparisons consistent. The only other studies we could locate were judged to be of low scientific rigor to provide the basis for drawing conclusions. Thus, at this point, we do not know how effective victim awareness programs are in reducing recidivism.

III. ASSESSMENT OF THE RESEARCH ²⁶

Although none of the research in this summary received the lowest methodological score on the Maryland Scale, the studies do have some methodological flaws which require further

²⁶ See Appendix B for a table summarizing the findings of these evaluation research studies.

improvement in this area of research. The small amount of literature and the methodological flaws in these studies do not allow one to make a conclusive judgements about the effectiveness of victim awareness programs or victim impact panels.

In terms of victim awareness program evaluations, Stutz (1994) completed an evaluation of a victim awareness educational program in Washington State. The program, which lasted six weeks, attempted to increase the offender's awareness and change the offender's attitude about the impact of their actions on victims. The program is not victim specific and is offered to a wide variety of offender types in the same grouping and was ranked at a level of 2 on the Maryland Scale. In this study, the sample consisted of 150 offenders which included 75 offenders who completed the program and 75 who did not complete the program. Subjects were randomly chosen and both groups revealed similar demographic and offending traits. All subjects completing the course were given pre- and post-tests to assess attitude change. All 150 subjects were evaluated based upon reoffending, restitution payment, and community violations.

Only 7 of the 75 treated offenders (9.3%) reoffended. Of the seven who reoffended, one offender committed the same level of offense, 3 committed a lesser offense, and 3 committed more serious offenses. The treated offenders reoffended more (no significance tests given): 28 offenders (37.3%) in the no treatment group reoffended, with 13 committing the same level of offense, 6 committing lesser offenses, and 9 committing more serious offenses.

The random sampling used in this study was one of the study's stronger points in addition to using a comparison group and having groups with similar demographic and offending traits. However, the study did not use tests of significance and the control group was just comprised of drop-outs or those who chose not to take the treatment. If the study was using dropouts or those who chose not to take the treatment as a control group, then this was not a true control group but rather a comparison between those who complete the program and those who opted not to complete the program. The wording "random sampling" appears to indicate no random assignment of treatment. In either case, it represents a large methodological flaw in the design. In addition, the lack of significance tests makes it difficult to determine if the effectiveness of this program was simply due to chance and whether the differences in reoffending between these two groups are statistically significant.

Shinar and Compton (1995) completed two studies of the effects of victim impact panels (VIP) on DWI offenders. The first study examined the effects of VIP on DWI reoffending in the state of Oregon (Josephine, Washington and Multnomah counties), and received a methodology score of level 2. The sample consisted of 3,290 DWI offenders convicted between 1988-1989. Of this sample, 1,350 drivers were identified who were ordered to attend VIP. The researchers created a "matched" comparison group of drivers who matched the VIP group on their age and gender. This group also consisted of 1,350 drivers. In addition, another group of drivers were identified who were assigned to VIP but did not attend. These 295 drivers comprised the "no-show" comparison group and were compared to fourth group of 295 drivers (termed the "no-show control group") who were not assigned to VIP and matched the no-show group in age and gender. None of the groups were matched on number of prior offenses. Drivers in the treatment group attended a VIP which had five speakers who were victims of a DWI incident. The victims spoke for approximately 10-15 minutes.

Subjects were analyzed based on before and after measures of offending. The pre-treatment offending periods were not equal among all offenders (2-3 years). The same was true for the post-treatment period (3-4 years) which also did not match the time period for the pre-treatment measures. The percent of drivers with previous offenses in the VIP treatment group (28.6%) was significantly higher than those with previous offenses in the VIP control group (20%).

Recidivism in this study was initially measured by all moving violations and crashes (the authors note there are very few non-DWI violations). At first, the authors noted a significant difference in the recidivism rates of the VIP treatment group (30.1%) and the VIP control group (35%). This effect was even stronger in reference to previous offenses. However, they also noted a similar difference in a comparison of the no-show group and the no-show control group which indicated a potential bias in who gets referred to VIP treatment.

In an analysis of DWI violations and crashes only, the VIP treatment and control groups differed in the average number of violations and crashes before treatment. The VIP treatment group had a higher average of violations and crashes ($M = .3896$) than the VIP control group ($M = .3015$). The same was true for the no-show group ($M = .4949$) compared to the no-show control group ($M = .3322$). One year after the treatment, the no-show group and its control group did not differ significantly in the average number of violations and crashes. But, the VIP treatment group ($M = .1267$) and the VIP control group ($M = .1778$) did differ significantly after one year. However, these differences did not exist for the full three to four year follow-up period. In essence, the VIP treatment appears to have had a "honeymoon effect," but the effect was not long-lasting.

The second study by Shinar and Compton (1995) was conducted in Orange County, California, and received a higher methodology score (level 3). The sample was selected from drivers who were ordered to attend or attended a VIP program of the MADD Orange County Chapter from 1988-1989. The same type of four groups described in the Oregon study was also used for this sample. The total sample contained 742 VIP treated offenders and 742 VIP control offenders who were matched by age, gender and number of previous DWI violations. Additionally, there were 388 no-show drivers and a matching control group (age, gender, and previous violations) of 388 drivers. The VIP panels for this study consisted of at least three victims and one convicted offender. These panelists spoke for an hour and at the end of the session, no feedback was solicited. Pre- and post-treatment measures of DWI offenses were obtained for as far back as 2 years from the conviction to two years after the conviction.

The initial analysis of recidivism rates for all four groups failed to reveal any significant differences, nor were significant differences observed when the recidivism rates were broken down by the following categories: percent who committed a reckless driving or hit and run offense within one year, percent who committed a reckless driving or hit and run offense in the entire follow-up period, percent with DWI within one year, percent with DWI for the entire follow-up period, percent with DWI or reckless crashes, percent with drinking/drug crashes, percent with misdemeanor DWI and percent with incidents where license was suspended or revoked.

IV. CONCLUSION

The research on victim awareness programs in corrections leaves many questions unanswered. One cannot draw conclusions about this program area due to the small amount of research, conflicting results, and flawed research methodology. There is no specific pattern in the methodological flaws of these studies except that all lacked treatment randomization. Until further research is completed, no conclusions can be drawn about the effectiveness of victim awareness programs.

Implications for Washington Department of Corrections Programming ²⁷

Victim Awareness programs for offenders are offered in a number of locations within the DOC. They are provided in institutions primarily by community colleges. Many of the Victim Awareness programs include an anger management program component. The programs vary in length and content, but each focuses on helping participants understand the variety of negative impacts of, and the sometimes wide array of people victimized by, their criminal behavior. An educational model in a classroom environment are generally employed as the method of program delivery. Our assessment of the research revealed that there is very little evidence available about the effectiveness of victim awareness programs. The only definitive statement that can be made is that the research is simply too methodologically weak and scant to provide any guidance on how to view the victim awareness programs offered by the DOC. If the goal of Victim Awareness Programs is to reduce recidivism, there is no evidence that these programs are effective or ineffective. There simply must be more high quality research before any conclusions are possible.

²⁷ An evaluation was conducted of Washington State Department of Corrections programming (Stutz, 1994) this study was not of sufficient methodological rigor to be included in this review and, therefore, no statement can be made about whether DOC programs work. This section contains a comparison of the reported components of DOC programming with those program components that were found in the above evaluation research to be effective or ineffective in reducing recidivism.

CHAPTER 11

LIFE SKILLS TRAINING

I. INTRODUCTION

Many times, offenders find themselves challenged by the tasks associated with daily life. These challenges may lessen the ability of offenders to succeed in the community. For example, inability to balance a checkbook may lead to writing bad checks, or poor time management skills may result in a missed court date. Life skills training programs were created to help offenders overcome such challenges. The main purpose of these programs is to teach offenders the skills necessary to function in everyday life. Life skills training encompasses a broad range of programs which fall under many different titles such as daily living skills and social education. Regardless of the title, each program teaches whatever skills necessary to function in everyday life. This leads to some differences in program components. Some of the common components include: budgeting, interpersonal relationships, conflict resolution, taxes and credit, job seeking skills, cultural diversity, anger and stress management, decision making, and goal setting.

After reviewing the literature on life skills programs, Gerber and Fritsch (1995) concluded that although many authors state that learning of life skills will result in decreases in recidivism, the data are not available to test the truth of this statement. Recently, this has begun to change. The U.S. Department of Education's Office of Correctional Education has funded several life skills training programs that have been subsequently evaluated. While not every evaluation has used recidivism as a measure of effectiveness, it has been included in some of these evaluations.

One of the earliest studies to examine life skills training and recidivism was carried out by Naymark (1976). The main focus of the program evaluated in this study was job skills, however, a life skills training component was also included. This portion of the program consisted of courses on budgeting, how to balance a checkbook, home cooking, and leisure activities. Of the 237 graduates, 91 percent succeeded in the community during the first year of follow-up and 82 percent continued to succeed after three years. Although this appears to be a positive start for life skills program evaluations, no control group or comparison recidivism rate were utilized in this study, so these findings cannot be used as the basis for conclusions.

II. ARE LIFE SKILLS TRAINING PROGRAMS EFFECTIVE?

What We Don't Know. There is not enough evidence to draw conclusions about the effectiveness of life skills training programs. No studies have reported significant differences in recidivism rates between participants and control groups. Also, the direction of the effects have differed. At times, the life skills group has had lower recidivism rates, at other times the rate is higher. It varies by type of recidivism measure studied (e.g., in Melton & Pennell, 1998; Miller, 1997) or in the type of treatment the comparison group receives (cognitive skills or probation in the Ross et al., 1998 study).

III. ASSESSMENT OF THE RESEARCH ²⁸

We identified five evaluation studies of life skills programs that were of sufficient methodological rigor to warrant a review. The two most well-conducted studies (Melton & Pennell, 1998, and Ross, Fabiano, & Ewles, 1998) were relatively strong evaluations rated at level 4 on the Maryland Scale. Overall, these higher quality studies do not find consistent evidence of effectiveness of life skills programs in reducing recidivism.

Melton and Pennell (1998) evaluated the Staying out Successfully (SOS) life skills program in San Diego County developed through funding provided by the U.S. Department of Education's (DOE) Office of Correctional Education. SOS consisted of classes focusing on communication, anger management, career planning, goal setting, time management, job skills, relationship building, budgeting and drug use issues. The researchers collected data on the number of arrests and convictions during the 12 month period prior to incarceration (pre-program) and the 12 month period following release from the program. The number of rearrests and reconvictions were compared for the life skills group and a control group during the 12 month follow up period. Life skills participants had fewer arrests and convictions during the year following participation in the program than in the year prior to participation. When compared to the control group, life skills participants had fewer rearrests during the follow up period, but more reconvictions. None of these difference, however, were found to be statistically significant. This indicates that there is not likely a real difference in the recidivism of the two groups and the positive findings might be due to chance.

Another evaluation of life skills programming was conducted by Ross, Fabiano, and Ewles (1988). Their study evaluated a the recidivism of a life skills group that was included an the evaluation of a cognitive skills program. The researchers compared the cognitive skills group to a control group of probation-only and an attention-control group of probationers receiving life skills training. The life skills group participated in several hours of training in money management, leisure activities, family and criminal law, employment seeking skills and alcohol/drug education. In a nine-month follow-up, the life skills group had more new convictions and prison sentences than the cognitive skills group. Although the life skills group did worse than the cognitive skills group in terms of recidivism, they did better than the probation-only group. The researchers concluded that, while life skills training was not as effective as cognitive skills training, it was more effective than probation only. Unfortunately, the researchers did not use statistical tests to evaluate these group differences in recidivism, meaning there is no way to assess whether the findings may be due to chance or if they represent real differences between the groups.

Two less methodologically rigorous studies (both ranked level 3 on the Maryland Scale) produced similar findings. These studies are evaluations of the same program, conducted by the same researcher, during two different follow-up periods. The studies focused on the DOE-funded Delaware Life Skills Program. The program's main goal is the reduction of general and violent criminal behavior through the development of life skills. The curriculum includes self-development, interpersonal relationships, communication skills, job and financial skills, and family values. An academic instruction component and a violence reduction component is also included. The first study (Miller, 1995) was a six-months follow-up measuring the program's impact on rearrest. In this initial

²⁸ See Appendix B for a table summarizing the findings of these evaluation research studies.

study, the life skills participants had fewer rearrests than the control group. However, no statistical tests of this difference were conducted. In the second evaluation of the Delaware program, Miller (1997) employed various measures of recidivism using a one year follow-up period. Participants of the life skills program included both graduates and those that did not complete the program. For the most part, the results favored the life skills program, with the exception of violent recidivism. Life skills participants were found to be more likely to be rearrested for violent offenses; however, a statistical test of this difference was not conducted. This makes these findings a questionable source of evidence about the effectiveness of the program. While these two studies of the Delaware program are consistent with the findings of the other research (Melton & Pennell, 1998; Ross et al., 1988), the lack of statistical tests bars these studies from providing a weighty endorsement of the previous research findings.

The final evaluation (Austin, 1997) assessed for this review employed such a weak research design (rated level 2 on the Maryland Scale) that it can provide very little credible evidence about the effectiveness of life skills programming. This study sought to evaluate another DOE-funded program. The 13-week program, located in the Dauphin County Prison (DCP) in Pennsylvania, consisted of courses in self-development, stress and anger management, drug and alcohol awareness, interpersonal and family relationships, community involvement and vocational skills. Participants also chose from a list of electives which includes programs on banking, budgeting, practical living skills and taxes and credit. The two measures of recidivism employed in the evaluation of this program were recommitments to prison in general and recommitments for a new offense. Austin found that life skills program graduates had fewer recommitments for any reason, including new offense, than the comparison group. While this finding is consistent with the more methodologically rigorous research, it does not provide strong support because of the weakness of the study design.

IV. CONCLUSION

The evidence on whether life skills training programs decrease recidivism is inconclusive. When compared to a cognitive skills program, the life skills training program may not be as effective in decreasing recidivism. On the other hand, when compared to a probation-only control group some signs of effectiveness are apparent. This research suggests that life skills programs may be better than no treatment in terms of reducing recidivism, but may be less effective than other types of treatment. The studies assessed in this review generally reported positive findings for life skills programming. However, the lack of significance tests and varied results leads us to conclude that at this point there is not enough evidence to make a conclusive statement about the effectiveness of life skills program. Due to the varied nature of these findings, it is important to continue evaluating life skills training programs and to include statistical tests of significance to determine the importance of the obtained results. With a new wave of funding for life skills from the Department of Education's Office of Correctional Education, this may occur in the near future.

Life Skills programs are the most varied and numerous programs offered by the DOC. Nearly all DOC institutions offer a Life Skills program in some form. There is no consistent program definition or content theme within these programs. Many offer vocational education, while a smaller number focus on family dynamics, cultural sensitivity, interpersonal communication, and building skills necessary for success in the community, such as financial management. Program length varies widely, but most employ an education model. Our assessment of the research revealed that the available evidence offers little guidance as to the effectiveness of life skills programming in reducing recidivism. More investigation of this question is needed. But, even if enough research is eventually accumulated to make conclusive statements about the effectiveness of life skills programs, it would be difficult to compare this research to those programs offered by the DOC because they are so varied in focus and content. Additionally, an evaluation of DOC life skills programming would have to include examination of every variation in program content. Perhaps the best strategy to reduce the complications associated with assessing the applicability of research literature or conducting evaluations of DOC life skills program would be to refine the definition of life skills programming. This would entail the identification of some core content themes that would be the cornerstone of DOC life skills programs. Those programs containing some other focus could be given another title. Reducing the variation in content would allow future research (both internal and external to the DOC) to speak to the effectiveness of the type of life skills programming offered by the DOC.

²⁹ No evaluation was conducted of Washington State Department of Corrections programming and, therefore, no statement can be made about whether DOC programs work. This section contains a comparison of the reported components of DOC programming with those program components that were found in the above evaluation research to be effective or ineffective in reducing recidivism.

CHAPTER 12

SUMMARY AND CONCLUSIONS

Considering the tremendous costs (both socially and economically) of criminal offending, it is imperative to address the questions of what works, what doesn't work, and what's promising in correctional programming. The goal of this project was to assess the available evaluation research in program areas currently offered by Washington State Department of Corrections. In each topic area, we reviewed the literature, assessed the current evaluations, and drew conclusions about program effectiveness in reducing recidivism. Our conclusions about effectiveness were based on both the quality and quantity of available evaluation research. These conclusions are more applicable to the extent that the DOC programs are similar to the evaluated programs -- and to the extent that DOC programs using the same name are similar to one another.

This report is an information tool that allows a view of Washington Department of Corrections programming from the perspective of the available research evidence and that can assist in the construction of a carefully considered research agenda for the state. A report of this nature is useful in that it articulates the current state of knowledge about correctional programming. It highlights areas of potential strengths and also calls into question those approaches and practices that may appear to be questionable. It also points out important issues for consideration in future research efforts, such as selection of appropriate comparison groups, consistency of program content, and data accessibility. This report presents the available research evidence, in its varying strength and quantity, to assist in informing the difficult decisions relating to public safety, offender rehabilitation, and wise resource allocation.

While synthesizing research provides clear benefits for policy making, there are a number of limitations to the practical application of previous research findings. One of the greatest difficulties in producing a meaningful synthesis of evidence is the lack of research, particularly well-designed research in the area of correctional programming. The body of evaluation research used to draw conclusions in this report is no exception. It was not particularly rigorous or plentiful. On the whole, the studies were not designed in a manner that could completely rule out alternative explanations for findings regarding program impact on offender recidivism. In many of the studies, differences between groups were only moderate, statistical significance tests were not employed, no (or very short) follow-up periods were used, and there was no real consistency in the definition of recidivism across studies. For some program areas, there are simply no more than one or two often poorly designed studies. Collectively then, this body of evidence is a far from ideal basis upon which to formulate correctional policy. In sum, there is a pressing need for more rigorous evaluation of many types of correctional programming.

Additionally, it is important to note that our threshold for determining what works is relatively low. Because quality evidence is scant in many areas, this middle-of-the-road approach allows some at least tentative conclusions to be drawn. If the criteria for determining effectiveness were too high, we would have little information to offer policy makers beyond highlighting the need for more evaluations. The reality is that the criminal justice policy makers often do not have the luxury of waiting for more research to be conducted. Every day, more offenders come under the jurisdiction of correctional systems and decisions must be made as to how best to manage these

offenders and what treatment and services should be provided to them. A report of this nature is valuable, in that, it points out where adequate and relatively sound data are available for use in informing decisions. It also highlights where no reliable research information is available. In these areas, decision makers must rely on other types of input to determine how best to manage the offender population.

When faced with this dilemma, one strategy for designing policy is to explicitly assess of the primary purpose of correctional programming. Why should such programs be offered and what is their most important purpose? Reduction of recidivism is only one possible goal and different types of correctional programming may serve other worthy goals, such as restitution to victims or cost reduction. Even programs that appear to be ineffective in impacting offender behavior may serve other important functions, such as increased offender supervision. Careful consideration of the "why" question may point to other ways of measuring program effectiveness. If, however, recidivism reduction is determined to be the primary goal of correctional programming, there is no satisfactory alternative to rigorous evaluation research of program impact on offender behavior.

Another limitation of this type of endeavor is that programs that share the same name are often very different in the type and level of services provided. They serve many different types of offenders in many different settings. Even programs under the same central administration may vary widely in content, management, and characteristics. This report can shed no light on exactly what variations in program content, participant characteristics, and setting might affect generalizability of research results. For example, a particular program might be effective in impacting the behavior of female offenders but not male offenders, or offenders in rural areas but not urban areas. Answering the question of generalizability could only be possible if there were a large number of quality research studies conducted in many different settings, with major variations on type, participants, and level of service. None of the program areas reviewed in this report have yet accumulated such a body of knowledge. The best way, then to use the available evidence is to view research results as most applicable to those programs that are most similar to those under evaluation. For programs that differ on features such as population served, intensity, staff training, techniques, and geographic location, evaluation evidence can be expected less applicable. The difficulty is determining exactly how much difference in program and participants characteristics is enough to produce serious questions about the applicability of previous research. Unfortunately, we have no answer to this question. It can only be answered by more research.

There are a few additional concerns in attempting to interpret the conclusions of this report. One is that a lack of research does not mean a lack of effectiveness. Merely because a program has not been properly evaluated does not mean that it is failing to achieve its goals. Previous reviews of correctional programming research, especially in the area of prison rehabilitation, have made this error. Programs can not be discredited by the lack of evidence, but only the presence of negative evidence. Another caution is evaluation research has not yet focused attention on factors external to a particular program that might enhance or reduce its impact. For example, offenders often participate in more than one type of programming. It may be that a particular combination of programming types might be effective for particular types of offenders, while individual programs alone may have no impact on recidivism. The first step in assessing the possible influence of combinations of correctional programming would be to gather data about the range of programming in which offenders are currently involved. Also, it may be that the effectiveness of particular programming is related to social and economic features of the communities within which offenders

live (or to which they will return). For example, the effectiveness of job training programs might be reduced within an economically depressed area because no real employment opportunities exist for program completers. Offenders and programs do not exist in isolation and a complete picture of effectiveness can not be gained until program evaluations are able to adequately measure the context within which participants live and programs operate.

In short, this report can not be seen as a substitute for carefully conducted investigations of the DOC's own programs. More quality research, such as that conducted by Susan Turner and Joan Petersilia (1996) of the DOC work release program, is needed to most accurately assess the effectiveness of specific programs. The evidence and conclusions presented here provide interim information for correctional policy decisions that can not be postponed until sound data on DOC programming have been collected.

The foregoing list of qualifications of our findings is necessary because of the current state of the research literature and the inherent uncertainty of science. While it may appear disheartening, these limitations can instead be seen as an opportunity to expand the current knowledge base and to craft a customized research agenda for addressing the most pressing questions that face the State of Washington. Meeting such a challenge will require the collaborative efforts of corrections professionals, researchers, and policy makers to articulate correctional goals, set out priorities, and establish a reasonable research plan. In this way, a clear strategy could be devised to begin directing energy and resources toward addressing the most pressing needs for information. If more concrete conclusions about effectiveness are to be drawn beyond those presented here, a commitment must be made to invest adequate time and money toward answering the questions of what works, what doesn't, and what's promising in reducing offender recidivism.